DAWN
DRUG ABUSE WARNING NETWORK

ED Reference Guide

October, 2003
(Rev. 2)

OFFICE OF APPLIED STUDIES

Hospital Emergency Department Reference Guide

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

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TABLE OF CONTENTS

TABLE OF CONTENTS (Continued)

List of Exhibits

List of Appendices

Chapter 1. Introduction

1.1 DAWN Is Different!

Starting in 2003, the Drug Abuse Warning Network (DAWN) is different! Veteran DAWN Reporters, as well as new Reporters, need to learn about the new DAWN and its new procedures. Veterans may need to unlearn how they collected DAWN data in the past and try not to let "old ways" of identifying DAWN cases and collecting DAWN data get in the way. It is very important that every DAWN Reporter follow exactly the same guidelines and reporting procedures because inexact, incomplete, or inconsistent reporting jeopardizes the validity of the information from DAWN.

1.2 Overview of DAWN

DAWN is a public health surveillance system that monitors national and local trends in drug-related emergency department visits and drug-related deaths investigated by medical examiners and coroners. DAWN tells us where new drug problems are emerging, how old drug problems are changing, where public health resources might be needed, and which drugs and drug combinations are associated with the most severe health consequences.

DAWN data serve many purposes and are used by a variety of agencies and organizations, each of which has a particular interest in some aspect of the drug problem. Noteworthy users of DAWN include the Office of National Drug Control Policy (ONDCP), the Food and Drug Administration (FDA), and the Community Epidemiology Work Group (CEWG) and other drug researchers.

DAWN is the responsibility of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (DHHS). SAMHSA is required to collect DAWN data by Section 505 of the

Public Health Service Act (42 U.S.C. 290aa-4). SAMHSA has contracted with Westat, a private research firm in Rockville, Maryland, to operate the DAWN data collection system.

DAWN data are collected regularly from two primary sources within the U.S.: emergency departments (EDs) and medical examiners and coroners (ME/Cs).

Emergency Departments (EDs): DAWN collects data on drug-related ED visits from a scientific sample of hospitals. These hospitals are selected to represent all hospitals in 21 major metropolitan areas and in the U.S. as a whole. ***Only non-Federal, short-stay, general medical and surgical hospitals that operate 7-day/24-hour EDs are eligible to participate in DAWN.*** Beginning in 2003, the DAWN sample will be expanding from 21 metropolitan areas to 48 metropolitan areas. Once the expansion is complete, approximately 900 hospitals will be participating in DAWN.

Medical Examiners and Coroners (ME/Cs): DAWN collects data on drug-related deaths reviewed by ME/Cs. DAWN does not use a statistical sample of ME/C jurisdictions (counties). Priority is given to jurisdictions within the metropolitan areas represented in the ED component of DAWN, but a number of ME/C jurisdictions outside of those metropolitan areas also participate. The ME/C component of DAWN will be expanding in parallel with the ED expansion. Every ME/C jurisdiction in each of the 48 metropolitan areas (about 300 jurisdictions in all) will be asked to participate in DAWN. About 140 jurisdictions in 40 metropolitan areas participated in DAWN before the expansion began.

1.3 How Does DAWN Work?

Recognizing the importance of DAWN data to the community and the Nation, hundreds of ED and ME/C facilities participate in DAWN. Each participating facility selects a DAWN Reporter to collect data on the facility's behalf. Some facilities

appoint a member of their own staff to report DAWN cases; other facilities work with Westat to identify and appoint an Independent Reporter. Westat is responsible for collecting and processing the data for SAMHSA.

The DAWN Reporter reviews medical records, identifies DAWN cases, and abstracts demographic and substance use information. Patients are never interviewed. For each DAWN case, the DAWN Reporter records the information on a DAWN ED Case Form and submits the data on paper or electronically.

The DAWN Facility Liaisons (FLs), Westat's representatives in the field, visit participating facilities on a regular basis. These visits are to coordinate DAWN activities with facility administration staff, train Reporters, evaluate data collection procedures, and solve reporting problems as needed.

The FLs and other Westat staff also conduct periodic field audits to verify that reporting criteria are fully understood and consistently used. To be a true "warning network," DAWN must collect data in a timely manner and the reporting must be complete and consistent. To achieve these goals, Westat has developed quality control procedures associated with identifying, tracking, entering, and transmitting DAWN data.

1.4 The DAWN ED Reporter

As a DAWN ED Reporter, you are responsible for gathering and recording DAWN data and transmitting these data to Westat. You rely on information in medical charts that originates with the hospital staff who treated the patient. It is your responsibility to:

- ***Review medical charts*** for each ED visit and ***identify DAWN cases*** accurately and consistently, based on the information contained in the chart (See Chapter 2).
- ***Track ED charts*** reviewed and not yet reviewed (See Chapter 2).

- Record information from the chart accurately and completely on the electronic or paper DAWN ***ED Case Form*** (See Chapter 3).

- If reporting on paper forms, send completed ED Case Forms to Westat and complete the ***ED Cases Packing Slip,*** indicating how many ED Case Forms are being sent to Westat in that mailing (See Chapter 4).

- After the end of each month, complete and submit to Westat the ***ED Activity Report Form*****.** On this form, you will record the number of ED visits registered that month and the number of charts (i.e., medical records) reviewed for visits that occurred in the months specified in the ED Activity Report (See Chapter 4).

1.5 Privacy Protection in DAWN

Since April 14, 2003, most hospitals have had to comply fully with Federal health information privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This is often referred to as the "HIPAA Privacy Rule."

The HIPAA Privacy Rule restricts uses and disclosures of "protected health information," which includes any information that is individually identifiable. The HIPAA Privacy Rule is a consideration for hospitals that participate in DAWN because some protected health information is required for DAWN.

Hospitals can comply with the HIPAA Privacy Rule and continue to participate in DAWN. The Privacy Rule permits disclosures of protected health information, such as DAWN data, to a public health authority that is authorized by law to collect such information for public health surveillance purposes. SAMHSA is such a public health authority.

Once DAWN data are disclosed to SAMHSA, the data are protected under a different Federal law, Section 501(n) of the Public Health Service Act. Section 501(n)

says that identifiable data can be used only for the purpose for which they are collected. Since DAWN collects data for public health surveillance, identifiable data cannot be used for any other purpose. DAWN collects no direct identifiers, and indirect identifiers (such as age, sex, and race) are used only in aggregate statistics.

1.6 Assuring Confidentiality

It is your duty as a DAWN Reporter to keep the promise of confidentiality of DAWN data. During the course of reporting for DAWN, you will be given access to sensitive health information for the purpose of identifying and reporting DAWN cases.

As a DAWN Reporter, you:

- Do not collect direct patient identifiers and do not transmit such identifiers in any form to Westat.
- Do not reveal to unauthorized individuals the identity of any person, health care provider, or other organization represented in the confidential data.
- Do not disclose to unauthorized individuals any identification codes or passwords that Westat provided to you for reporting DAWN data.
- Do not remove medical records from the hospital's designated site for any purpose associated with DAWN data collection.
- Do not use the data collected for DAWN for any other purpose.
- Do not use protected health information in a manner or place that violates the administrative, technical, or physical security requirements of the hospital.

When serving as a DAWN Reporter, remember:

- Inadvertent or casual disclosure of information violates the confidentiality protections just as seriously as deliberate disclosure.

- Once an individual's privacy has been violated, it cannot be undone.
- Nondisclosure applies to all forms of communication—spoken, written, and electronic.

1.7 About Westat

In February 2002, Westat was awarded the DAWN Operations Contract (DOC) by SAMHSA. Under this contract, Westat is responsible for the DAWN data collection and for implementing the redesign of DAWN to convert it into an active surveillance system capable of capturing information and rapidly turning it back to users.

Westat is an employee-owned research corporation serving agencies of the U.S. Government, as well as businesses, foundations, and state and local governments. Westat's research, technical, and administrative staff of more than 1,500 is located at the company's headquarters in Rockville, Maryland, near Washington, DC. An additional 1,100 staff members are engaged in data collection and processing at Westat's survey processing facilities, at the Telephone Research Center facilities, and throughout nationwide field interviewing operations. Demonstrating technical and managerial excellence since 1961, Westat has emerged as one of the most respected contract research organizations in the U.S.

Chapter 2. Identifying DAWN Cases: Guidelines

Identifying DAWN cases consists of the following steps:

1. Obtain the medical records ("charts") for patients treated in the ED for which you are reporting;
2. Review each chart to determine if the ED visit is a DAWN case;
3. Keep track of which charts have been reviewed and which ones still need to be reviewed.

This chapter provides some basic guidelines for each of these steps.

Step 2 is the heart of DAWN reporting: it requires you to understand the criteria for determining whether an ED visit is a DAWN case and to apply those criteria consistently to the information contained in each chart. The first part of this chapter covers the issues related to performing Step 2. The latter part of this chapter deals with Steps 1 and 3 as a combined topic.

2.1 Identifying DAWN Cases: Overview

Determining if an ED visit is a DAWN case requires you to understand:

1. The DAWN case criteria;
2. Which evidence in the chart is used for identifying DAWN cases;
3. How to interpret the evidence in the chart;
4. A few exceptions.

2.1.1 Directly Reviewing Charts to Identify DAWN Cases

Starting with ED visits occurring on January 1, 2003, all DAWN EDs must use the Direct Chart Review" protocol to identify DAWN cases. Direct Chart Review is exactly what its name implies: as a Reporter, you determine whether an ED visit is eligible for DAWN by reviewing the information in the patient's chart that is related to the specific ED visit and comparing it to the DAWN case criteria. Direct Chart Review is the "gold standard" for identifying DAWN cases because other methods miss DAWN cases.

The term "chart" refers to the patient record, whether in the form of a traditional paper chart or of an electronic record in a computerized medical record system. It does not matter whether your hospital uses paper charts or electronic charts, as long as you review a chart for each patient.

Your goal should be to review **every** chart, that is, charts for 100 percent of the ED visits. A significant number of EDs are already applying the Direct Chart Review protocol to identify DAWN cases. Effective January 1, 2003, all EDs participating in DAWN have formally agreed in writing to adhere to this protocol. If you are reporting for an ED that did not previously use Direct Chart Review, you should expect to be involved in working out the specific process to obtain all the charts and review them individually. Your DAWN Facility Liaison is prepared to assist you in this process.

As a DAWN Reporter, your objective is to locate and review all available ED charts to determine which ED visits are DAWN cases. However, in some instances, that goal may not be immediately or consistently achievable, even with the best efforts of you and your DAWN Facility Liaison to devise a method to accomplish it. For this and other reasons, Westat needs to know how many ED visits there are, how many of the charts you were able to obtain, and how many you actually reviewed. The second part of

this chapter discusses how you can keep track of these details for your own needs, and Chapter 4 presents some simple record-keeping forms that you will use to quantify your chart review activity and report it to Westat.

Why Does DAWN Require Direct Chart Review?

Studies were conducted to compare direct chart review with other methods. These studies found that DAWN cases can be identified reliably only by reviewing every chart.

Over the years, several methods for identifying DAWN cases were developed, usually with the goal of reducing the number of charts that needed to be reviewed. Typically, these methods "screened" ED logs or computerized billing databases to identify those ED visits most likely to be DAWN cases. Then, full chart review was conducted only for those pre-selected visits. The screens used to pre-select ED visits varied from hospital to hospital. Screening methods were adopted with the belief that they worked just as well as direct chart review and reduced the workload for DAWN Reporters. When studies of the various case identification methods were conducted, the results showed that screening methods missed up to 30 percent of DAWN cases that were found by Direct Chart Review.

These studies concluded that DAWN cases can be identified reliably only by reviewing every chart. Methods that scan ED logs to identify those that are likely to be DAWN cases find some DAWN cases, but miss many others. Moreover, the "screens" used to pre-select visits usually differed across facilities, leading to inconsistent identification of DAWN cases. In other words, different types of cases would be missed in different facilities. These shortcomings apply as well to the use of screens developed from ICD-9 codes, proprietary diagnostic codes, key-word searches, and other shortcuts that have been adopted in various EDs over time.

To improve the quality of DAWN data in 2003 and in the future, and to ensure consistent reporting across all EDs, DAWN Reporters must now use only the Direct Chart Review method. Direct Chart Review is the only approved method for identifying DAWN cases.

2.2 DAWN Case Criteria

For ED visits occurring on or after January 1, 2003, the DAWN case criteria are simple and broad. It is especially important for veteran DAWN Reporters to understand the new criteria fully. The DAWN case criteria can be characterized as:

- Simple, to make the DAWN Reporter's job easier;
- Very general and deliberately broad;
- Intended to yield a wide variety of ED visits related to drug use.

2.2.1 DAWN Case Criteria: The Essentials

The patient was treated in the emergency department for a condition that was induced by or related to drug use.

The criteria for identifying a DAWN case are stated as follows:

Rely on Evidence in the Chart

To identify DAWN cases, the DAWN Reporter must find and evaluate evidence documented in the patient's chart. The DAWN case criteria require that the patient be treated for a condition that is drug-related or drug-induced. In other words, drug use must be implicated in the patient's visit. The relationship between the drug use and the patient's condition must be supported by evidence in the chart.

The evidence that drug use is involved in the patient's condition may come from three sources:

- Patient's chief complaint(s);
- Physician's, nurse's, or other appropriate clinician's assessment;
- Diagnosis/diagnoses.

If the chief complaint, assessment, or diagnosis implicates drug use in the visit, it is a DAWN Case, with a few exceptions. The drug use may be noted in one, two, or all of these sources.

Visits Related to Drug Use

DAWN cases include use, misuse, and abuse of drugs. The key is whether drug use is implicated in this visit. It does not matter whether the patient intended to use the drug properly or to abuse it. Both drug-induced and drug-related visits are reportable to DAWN.

"Drug-induced" means that the patient's condition was directly caused by the use, misuse, or abuse of a drug(s). Such cases may include drug overdoses or adverse or allergic reactions to medications that were taken as prescribed or directed.

"Drug-related" means that the use, misuse, or abuse of a drug(s) has contributed to the patient's condition, but did not directly cause it. These cases may include accidents or injuries resulting from drug use.

Rarely will the documentation in the patient's chart state explicitly that the drug "caused" the visit or that the accident was "related" to drug use. Such explicit statements are unnecessary since DAWN case determination is based on the composite picture resulting from all the information on the chart.

Other ED visits related to drug use include patients who request detoxification or substance abuse treatment for current drug use and ED visits involving patients experiencing withdrawal from a drug on which they are dependent.

Drugs in DAWN

For DAWN, reportable drugs include:

- All illicit (illegal) drugs, such as heroin, cocaine, marijuana, methamphetamine, PCP, LSD, and so forth;
- All prescription drugs and over-the-counter (OTC) medications;
- Dietary supplements, including vitamins, minerals, and herbal supplements typically taken for nutritional or medicinal purposes;
- Alcohol, subject to restrictions based on the patient's age;
- Inhaled non-pharmaceutical substances that have psychoactive properties.

Drugs That Affect DAWN Case Determination

There are only two exceptions to the DAWN case criteria where the exception relates to a specific drug. They are:

- **Alcohol**
  - Underage drinking: ED visits involving alcohol alone <u>are</u> reportable for patients younger than age 21;
  - Adults: ED visits involving alcohol alone <u>are not</u> reportable for patients who are age 21 and older.
- **Non-pharmaceutical inhalants**
  - ED visits related to the use of non-pharmaceuticals are DAWN cases only if the substance was inhaled;

- ED visits related to other uses of non-pharmaceutical substances are not DAWN cases.

These special rules are discussed in greater detail in Section 2.2.4.

Treated in the ED

"Treated in the emergency department" means a direct, personal exchange in the ED between a patient and a physician or other medical staff member for the purpose of diagnosing and attending to the patient's presenting problem. Patients who are not treated in the ED and whose visits therefore are not eligible to become DAWN cases include:

- Persons who telephone the ED for medical consultation;
- Persons who visit for administrative reasons, such as paying bills or completing insurance forms;
- Persons who visit only to leave a specimen or to pick up prescriptions or medications;
- Those who leave before receiving treatment (i.e., being seen by medical personnel);
- Persons who undergo only triage or intake, such as a patient who signed in at the ED, had his vital signs taken, then decided to go home after waiting 3 hours. Such a patient might appear in the ED's intake log, have chart entries generated, and even be billed for service, but this visit is not eligible for DAWN;
- Patients who provide administrative information, such as evidence of insurance coverage, but leave before treatment is initiated.

2.2.2 Terminology Used in the Facility's Charts

Different EDs may use different terms to describe the sections and contents of their charts. The terms used by DAWN – chief complaint, assessment, and

diagnosis – describe the types or categories of information. These categories may be found under other names in the charts you review.

As a DAWN Reporter, one of your tasks is to become familiar with the terminology, content, and layout of the charts used in your ED. You will become familiar with the specific locations in the chart for the information that you need to identify DAWN cases and extract DAWN data items. Quite commonly, information belonging to one category, such as diagnosis, may be divided among several different sections of the chart. You need to review all the relevant sections of the chart, particularly if the information is not conveniently consolidated in one place.

For example, some charts may refer to the chief complaint as the "reason for visit," "presenting problem," "nurse's notes," and so forth. Similarly, clinical assessment might be called several different names and might be found in more than one place in the chart. The clinical assessment might be completed by more than one person. For example, an element of assessment might be history of present illness, which could be stated at triage or in the nurse's notes; another might be symptoms, which could be completed by both the nurse and the physician. The components making up the clinical assessment may be a combination of items in the chart such as review, symptoms, impressions, evaluation, and so forth. Diagnosis might also be called final, primary, or secondary diagnosis.

2.2.3 Applying DAWN Criteria: Additional Considerations

There are a few other issues that will help you to understand and apply the DAWN case criteria accurately and consistently. The following items address these issues.

Toxicology?

DAWN cases cannot be identified based on toxicology findings alone. That is, if a drug is mentioned only in the toxicology report, but not referred to in the chief complaint, assessment, or diagnosis, then the visit is not a DAWN case.

The reason for this is simple. Toxicology findings may include current medications not related to the patient's condition for this ED visit or medications administered in the field, during transport to the ED, or during treatment in the ED.

If the chart includes a toxicology report or documents the results of one, you should review this information. Toxicology may help you to determine if the visit is a DAWN case, and it will certainly help you to identify which drug(s) to report on the DAWN ED Case Form. Toxicology reports provide important supporting evidence of drug use, but not the deciding evidence.

History of drug use?

Only information in the chart that pertains to the current condition and the current ED visit is relevant in deciding if the ED visit is a DAWN case. Information in the chart about prior visits, complaints, treatments, or diagnoses related to drugs administered in the ED, elsewhere in the hospital, or in other clinical settings is not relevant in determining if the present visit is a DAWN case, unless a clinician specifically incorporates such information into the record for the current ED visit.

Do not fall into the trap of assuming that every ED visit by "a known substance abuser" is automatically a DAWN case.

Use or abuse of drugs?

DAWN cases include use, misuse, and abuse of drugs or substances. DAWN is not merely concerned with what people generally consider drug "abuse." Rather, DAWN is concerned with all ED visits that are induced by or related to drug use. If drug use is implicated in the ED visit, it is usually a DAWN case.

It does not matter whether the patient used the drug properly or improperly; for example:

- If a patient takes one aspirin and experiences an adverse reaction to it, the visit is a DAWN case;
- If a patient accidentally overmedicates on aspirin and suffers an overdose, the visit is a DAWN case;
- If a patient attempts to commit suicide by taking an overdose of aspirin, the visit is a DAWN case.

Patient intent?

It does not matter whether the patient intended to abuse the drug or to use the drug properly, whether the patient knowingly or unknowingly took the drug, or whether the patient administered the drug or someone else administered it.

In deciding whether a case is a DAWN case, none of the following questions are relevant:

- "Why did the patient take the drug?";
- "Did the patient intend to abuse the drug?";

- "Was it an illegal drug?";
- "Was this a case of recreational drug use?";
- "Did the person take the drug to get high?";
- "Is this person dependent on this drug?"

Method of obtaining the drug?

The method by which the patient obtained the drug is irrelevant. For example, it does not matter, for a prescription drug, whether the patient legally acquired it through his or her own valid prescription, acquired it from someone who had a legal prescription, forged a prescription, bought it on the street, or stole it. The only issue is whether the ED visit was related to or induced by the use of that prescription drug.

Current medications?

The patient's current medications, whether prescribed or OTC, are usually listed in the chart. If current medications are not implicated in the visit, they are not relevant in deciding whether this is a DAWN case.

Typically, current medications would not be implicated in the visit if the patient took the medication according to directions and did not have an adverse reaction to the medication. However, current medications may appear in the chart because the patient provided this information in response to questions from the clinical staff or because they were detected by toxicology tests.

An adverse reaction to medication is, by definition, a condition related to drug use. Adverse reactions to medications taken as prescribed or labeled are reportable as DAWN cases. For example, an ED visit involving a patient with a rash caused by an allergic reaction to antibiotics is a DAWN case.

Medications administered in the field by emergency medical service (EMS) personnel, medications administered by EMS during transport to the ED, or medications administered in the ED will be listed in the chart and may appear on toxicology findings. Examples include analgesics (pain relievers) administered to a trauma patient or pharmaceuticals administered as part of resuscitation efforts. If these medications are not implicated in the visit, they are not relevant in deciding whether this is a DAWN case.

Patient seeking detoxification or substance abuse treatment?

ED visits involving patients who request drug detoxification or substance abuse treatment (often for dependence) for current drug use are DAWN cases.

In these instances, the criterion requiring the patient to be "treated in the ED" must still apply. DAWN does not collect data about all drug-related activity, all drug users, or all drug-related treatment. It collects data about drug-related ED visits. The visit to an ED of a patient seeking detoxification or substance abuse treatment is a DAWN case. However, if a hospital operates an ED and separate drug detoxification unit and the patient presents at the detoxification unit without ever going through the ED, that is not a DAWN case. This may seem counterintuitive at first, since DAWN is concerned with drug-related events. However, if you keep in mind that DAWN is concerned only with drug-related visits to the ED for which you are reporting, you can avoid such an error.

Further, the same rules that apply to other ED cases involving alcohol alone apply to alcohol detoxification or alcohol abuse treatment. An ED patient who is seeking detoxification or treatment solely for an alcohol problem is a DAWN case if the patient is less than 21 years old. If the patient is age 21 or older and is seeking detoxification for alcohol alone, it is not a DAWN case.

2.2.4 Drugs That Affect DAWN Case Determination

This section discusses drugs in terms of how they affect DAWN case identification. Chapter 3 provides details on when and how to record drugs on the DAWN ED Case Form.

Categories of DAWN Drugs

DAWN cases will include use of:

- Illegal drugs, such as heroin, cocaine, marijuana, methamphetamine, PCP, LSD, and so forth;
- Legal drugs, prescription drugs and OTC medications;
- Dietary supplements, including vitamins, minerals, and herbal supplements;
- Alcohol, with some restrictions;
- Certain non-pharmaceutical substances that are inhaled.

Alcohol

Alcohol is a drug. However, DAWN has a special set of rules for determining whether an ED visit that involves the use of only alcohol qualifies as a DAWN case:

- For adult patients (age 21 or older), ED visits involving alcohol and no other drug are NOT DAWN cases;
- For patients younger than age 21, ED visits involving alcohol and no other drug are DAWN cases;
- For patients of all ages, ED visits involving alcohol and any other substance meeting DAWN's drug criteria are DAWN cases.

"Non-pharmaceutical" Inhalants

Non-pharmaceutical substances – substances that are not drugs or supplements – are a potential source of confusion for DAWN Reporters. The following special rules apply only to non-pharmaceutical substances. Non-pharmaceutical substances are reported to DAWN only if:

- The patient inhaled the substance ("inhaled" means that the substance was taken into the respiratory system through the nose or mouth); AND
- The substance has psychoactive properties when inhaled.

The first of these special rules is simple. To be reported to DAWN, a non-pharmaceutical inhalant must have been inhaled. Sniffing, snorting, and huffing are other terms that mean inhaled. For example, an ED visit related to sniffing gasoline is a DAWN case. An ED visit related to drinking or injecting gasoline is not a DAWN case.

The second part is trickier. Not every non-pharmaceutical substance is reportable. To be reported to DAWN, the non-pharmaceutical substance must have a psychoactive effect when inhaled. In simple terms, this means that the inhalant affects the brain like a drug. Only three types of substances qualify:

- Volatile solvents, which include:
  - adhesives (model airplane glue, rubber cement, household glue);
  - aerosol sprays (spray paint, hairspray, air freshener, deodorant, fabric protector, and food products);
  - liquid and gaseous solvents (nail polish remover, paint thinner, correction fluid, toxic markers, pure toluene, cigarette lighter fluid, gasoline, carburetor cleaner, octane booster);
  - cleaning agents (dry cleaning fluid, spot remover, degreaser).

- Nitrites, which include:
  - amyl nitrite ("poppers," "snappers");
  - butyl nitrite ("rush," "locker room," "bolt," "climax," "video head cleaner").
- Chlorofluorohydrocarbons, such as Freon and other refrigerant gases.

This rule excludes ED visits related to inhalation of non-volatile gases, such as carbon monoxide. However, it includes inhalation of many household and industrial chemicals, which may be inhaled accidentally or deliberately. A list of non-pharmaceutical substances that are reportable when inhaled is available in Appendix G, and the substances can be found listed in the *DAWN Drug Index*, which is updated regularly.

2.3 ED Cases Not Reportable to DAWN

This section continues to extend the basic DAWN criteria to specific situations, questions, and problems that may arise in the course of reviewing charts to identify DAWN cases. There are seven basic reasons for an ED visit not being a DAWN case. Explanations of each of these, with examples, are provided to help Reporters understand particular circumstances that do not qualify as DAWN cases. For clarification, several of these also include examples of a similar visit that actually is a DAWN case, with an explanation of why one is and one is not a DAWN case.

Not a DAWN Case #1: Patient left the ED without being treated

The patient left the ED before treatment was initiated. Such charts often indicate "left without being seen" or LWBS. These include cases such as the following:

- A patient provided administrative information (e.g., insurance information) and symptoms, then got tired of waiting and left before treatment was initiated;

- A patient came to pick up medication for a CT scan that was scheduled for the next day;
- A patient came to pay a bill.

There is a difference between leaving without being seen (LWBS) and leaving against medical advice (LAMA or AMA). LAMA cases may or may not be DAWN cases, depending on whether they meet the DAWN case criteria. For example, consider a patient who presents with an adverse reaction to a licit drug or an overdose of an illicit drug. This patient was assessed, diagnosed, stabilized, and then referred for admission to inpatient treatment, but then decided to leave rather than be admitted to inpatient treatment. The ED staff would record that the patient left AMA, but the patient was treated in the ED and the visit meets the criteria for a DAWN case, so this is a DAWN case.

Not a DAWN Case #2: A non-pharmaceutical substance was consumed but not inhaled

The non-pharmaceutical substance (e.g., gasoline, toluene, paint, glue) was consumed or administered by some means other than inhalation, such as swallowing or injection. The rule for non-pharmaceuticals is simple. DAWN is interested in non-pharmaceuticals that are used as inhalants. Therefore, a non-pharmaceutical is reportable only if inhaled.

- The patient drank turpentine. This is not a DAWN case;
- The patient injected gasoline while high on PCP. This is a DAWN case, but only because of the PCP; only the PCP is reportable;
- The patient became disoriented and then passed out as a result of inhaling paint fumes while painting a closet. This is a DAWN case because the paint was inhaled. It does not matter that the patient did not inhale the paint fumes intending to get high;
- The patient fell down a flight of stairs after inhaling nitrous oxide. This is a DAWN case, but nitrous oxide is a pharmaceutical.

Therefore, the manner in which the substance was consumed is not a consideration in deciding that this is a DAWN case.

Not a DAWN Case #3: Only a history of drug abuse is documented

Such documentation may appear in the social history section of the chart or the chart may have a notation indicating "history of drug abuse." If documentation points only to a history of drug use/abuse and there is no evidence of current use, it is not a DAWN case.

- An ED visit by a patient who is HIV+ indicates a history of intravenous drug abuse (IVDA). This is not a DAWN case because of the HIV+ status or because of the intravenous drug abuse. To be a DAWN case, there must be evidence of current drug use that is related to the visit.

Not a DAWN Case #4: Alcohol is the only substance involved and the patient is age 21 or over

- ED visits involving alcohol and no other substance are DAWN cases only if the patient is not an adult (age less than 21). Alcohol is reportable in an adult DAWN case only when present in combination with another reportable substance.

Not a DAWN Case #5: The only documentation of drug use is in toxicology test results

Documentation of drug use must be present in the chief complaint, assessment, or diagnosis(es). Toxicology may pick up current medications taken for legitimate therapeutic purposes, drugs administered during life-saving treatment, or drugs taken some time ago and unrelated to the visit. Therefore, toxicology alone is not sufficient evidence to make a visit a DAWN case. For example:

- A man slipped on a wet concrete floor and fractured his hip. The toxicology result is positive for opiates. There is no other evidence of opiate use in the chief complaint, assessment, or diagnosis. This is not a DAWN case;

- A man is brought to the ED unconscious. Toxicology is positive for benzodiazepines. The diagnosis states "suicide attempt, + benzos." This is a DAWN case because "+ benzos" is included in the diagnosis. This is evidence that the use of benzodiazepines is related to the patient's condition.

Not a DAWN Case #6: Drugs listed are not related to the visit

There is no documentation in the chief complaint, assessment, or diagnosis to indicate that the ED visit was related to the use of drugs. For example:

- A 24-year-old female passenger in a bus accident was taken to the ED with a broken leg. She had been taking cocaine just before the bus was sideswiped by a tractor-trailer. There is no indication in the chart that her cocaine use was connected to the injury. This is not a DAWN case;

- A young man presents with a sore throat, fever, and symptoms of tonsillitis. The chart indicates that he uses an albuterol inhaler and takes oral steroids for asthma. These medications are not related to the patient's condition. This is not a DAWN case.

Not a DAWN Case #7: There is no evidence of drug use

The chief complaint, assessment, or diagnosis does not refer to drug use. Examples may include:

- Drug Seeker – Patient who visits the ED to acquire specific drugs for unconfirmed condition(s). The patient is attempting to acquire the drugs by pretending to have a condition for which the drug is an indicated treatment. This is not a DAWN case. ("Drug seekers" should not be confused with patients requesting substance abuse treatment.);

- Undermedication – Patient who forgets to take, stops taking, or takes too little of a prescribed medication. The patient is being treated in the ED for a condition related to not taking or taking too little of a medication. This is not a DAWN case.

But sometimes the evidence of drug use is indirect. For example:

- Withdrawal – Patient presents to the ED with symptoms of heroin withdrawal. This is a DAWN case because withdrawal indicates recent drug use; the visit is related to drug use;

- Seeking detox – Patient needs medical clearance from the ED to be admitted into an inpatient drug treatment program. This is a DAWN case.

2.4 Obtaining and Tracking Charts

Reviewing a chart for every visit is important because every visit for treatment in a DAWN ED is a potential DAWN case. Methods that try to reduce the number of charts to be reviewed have been proven to be inferior. Since it is essential to directly review every chart, you will also need a method to keep track of the charts you have reviewed, the charts you still need to review, and the charts that cannot be reviewed because they are, for some reason, unavailable. The remainder of this chapter discusses the logistics of keeping track and accounting for charts.

In an ideal world, the patient would be treated in the ED, entries to the chart would be completed immediately by the staff, and the completed chart would then be turned over to the DAWN Reporter. However, hospitals are busy places, and their priority is patient care, not data collection. Therefore, reviewing charts may involve several steps:

- Locating the charts for the ED visits that have occurred in the ED for which you are reporting;

- Tracking which charts you have obtained and reviewed;

- Continuing to pursue any charts you have not yet reviewed.

Every DAWN Reporter will need a tracking system for charts. Unfortunately, every hospital is a little (or a lot) different. Trying to describe one tracking system that will neatly work in every hospital is impossible. Trying to describe all the ways a tracking system must adapt to meet each hospital's idiosyncrasies is also impossible. Even if all the hospital peculiarities could be described, the manual would be too heavy to lift! Instead, this manual will try to give you an overview of what you are trying to accomplish and then provide some tips on how to set up a tracking system that works for you in your facility.

2.4.1 Tracking Charts: Overview

Hospitals participating in DAWN agree to provide access to charts. Hospitals agree that the DAWN Reporter(s) can perform direct chart review to identify and report DAWN cases. However, charts are mobile and it is unlikely that all the charts will be readily available at exactly the place and time a DAWN Reporter needs them. Yet, the DAWN Reporter must review all the charts to identify DAWN cases.

The most dependable way to ensure that you have reviewed every chart is to use a tracking system. The following guidelines will help you set up your tracking system and perform the other activities related to locating and reviewing charts. These guidelines are general, and the specific method will be different in each ED. Your DAWN Facility Liaison will work closely with you to develop the best approach for your specific situation.

When DAWN data collection is established in a new facility, the DAWN Facility Liaison works with administrative and clinical managers, staff, and the DAWN Reporter to design a system whereby charts are available to DAWN Reporters on a regular basis. In some hospitals, this system may involve a copy of the chart being set aside for the DAWN Reporter. In other hospitals, all charts go to the billing department

for coding, and since all charts eventually end up there, the best place for a DAWN Reporter to access charts is in the billing department. In still others, the point of access may be in the medical record department. In other hospitals, the DAWN Reporter's job is split: members of the clinical staff may identify the DAWN cases as they are being treated, the record is flagged, and another DAWN Reporter extracts DAWN data items from the cases that have been set aside.

Whatever the arrangement, it is the DAWN Facility Liaison's job to work with the hospital staff and DAWN Reporter to set up a system that works in that hospital. Sometimes hospitals change procedures; the flow of charts through the system changes, and the DAWN Facility Liaison works with the hospital to change the system for DAWN reporting in that hospital.

The one common theme for all hospitals is that the DAWN Reporter must access the charts for all ED visits, and he or she must have a method to know how many ED visits occurred, which charts have been reviewed, and which charts have yet to be reviewed. The following sections describe a typical tracking system, with some tips for making such a system easy to use and keeping it up to date and accurate.

While reviewing this, keep in mind the pieces of information that the DAWN Reporter needs. They include:

- A comprehensive list of all ED visits with some information that identifies the patient (e.g., patient name or medical record number).

  Nearly every ED maintains some kind of register or log to record the date and time each patient arrived or registered to be seen. Each patient who presents to the ED is entered on the log with some minimal identifying information. Sometimes a coordinator or triage nurse will include comments on that register or log. The log may be handwritten or computerized.

  A copy of the ED visit log can serve as the basis for the DAWN Reporter's tracking system. If the log is handwritten, the DAWN Reporter may be able to make a photocopy of it. If the log is

computerized, it may be possible to get a printout listing all ED visits for the DAWN Reporter's use.

Reminder: Since the list will contain patient identifying information, the DAWN Reporter must keep the list in a secure location.

- A count of all ED visits that occurred in the facility.

  The DAWN Reporter must submit a report to Westat indicating the total number of ED visits that occurred. The form and method for reporting the ED census is described in Chapter 4.

  This count may be generated in the ED, in the medical records department, or by some other hospital unit. The DAWN Reporter should check the count against the ED visit list to make sure the list includes all visits.

  In some hospitals, it may be necessary for the DAWN Reporter to count the visits on the ED visit list to get the total visit count. A count produced by the ED, medical records department, or other hospital unit is preferred because it can be compared to the ED visit list. If the list is the source of the visit count, there is no independent verification that the list or the count is complete.

- Which charts were reviewed; the date the chart was reviewed.

  The DAWN Reporter should check off each visit on the list as the chart for that visit is reviewed.

- Which charts have yet to be reviewed.

  Visits not checked off the list indicate charts that have not yet been reviewed.

- Which charts are permanently unavailable and will never be reviewed.

  A place on the tracking list for comments is useful. For example, it would be useful to note the reason a chart has been designated permanently unavailable for review and the date that decision was made.

- The number of charts that were reviewed and when that number was submitted to Westat.

The DAWN Reporter must submit a report to Westat indicating the number of charts that were reviewed. How to make this report is described in Chapter 4.

- Which ED visits were DAWN cases.

  It may be useful to note on the tracking list which ED visits were identified and reported as DAWN cases. The tracking list with the DAWN cases noted will be more useful if the Reporter needs to discuss a particular case with Westat.

  Reminder: The tracking list contains confidential information, which must be kept in a secure location. When it is no longer needed, either dispose of it properly or turn it over to the appropriate hospital manager, as required.

2.4.2 Tracking Charts: An Example

The remainder of this section reviews more specifically the steps to follow in setting up and using a tracking system.

1. You need a list of every visit to the ED that occurred during the period you are currently reviewing. Typically, the period will be the past week or the past month.

The first step in setting up your tracking system is to "find the numbers," that is, get a full count of the number of patients that were treated in the ED and a complete list of them. Typically, all the information you need will be in one location, the ED itself or a central medical records office. However, in some hospitals the count and the list may come from more than one source.

Here are the most common ways that EDs keep records on patient visits.

- **Manual ED Log.** Some EDs maintain a central, handwritten registry or log. Patients are entered on the log when they register to be seen. Sometimes a coordinator or triage nurse will include comments on that register. Sometimes registers are not kept in the ED; they may be sent to the billing department or medical records department. In those

hospitals, you must follow the register to get a count and listing of ED visits.

- **Electronic ED Log.** EDs with computerized patient intake or registration systems may be able to print out a complete list of ED visits for any specified time period - one day, one week, one month, etc. Often, this type of register will have date, time, patient name, patient reference number, and other items. The computerized system may be able to count the number of visits and give you the total automatically, or you may have to count the visits on the printed list to arrive at the total.

- **Central Medical Records or Billing Departments.** Some EDs send their records to medical records or a billing department after the patient is discharged from the ED, so the medical records or billing department may be the source for a count and a list of ED visits. In those hospitals, the medical records or billing office may be your source for a paper or computer-generated list. However, if the list is available from the ED department, the only reason to go elsewhere is if it is more convenient for the ED staff.

If you do not already know the best source for the count and list of ED visits, work with your Facility Liaison to locate the best source.

Your list will be a photocopy of the ED hard-copy intake registry or log, or a printout from a computerized intake system, medical record system, or billing system.

The list should be complete and include enough chart or patient identifying information necessary to locate charts or to look-up those records on a computerized medical record system. The necessary information might be a medical record number, a patient number, or an encounter number. If the hospital cannot provide this identifying information directly on the list, you and the Facility Liaison will need to work with the appropriate department or staff to get that information added to the list.

It may be possible for the hospital to exclude certain types of encounters that are known to be ineligible for DAWN before the list is generated for you. These

types of encounters do not require you to review a chart to determine if they are DAWN cases because they do not meet the criterion that the patient was treated in the ED. For example, a list that excludes patients who left the ED without being seen would still be a complete list of charts that need to be reviewed for DAWN. The list could also exclude any encounter that did not occur in the ED. For example, it should not include the drug user who went straight to a detoxification unit without ever passing through the ED. However, you do not want a list that is incomplete. For example, a list that excludes patients who left against medical advice would not be satisfactory for your tracking purposes because it would not include all visits potentially eligible for DAWN.

Ultimately, you need to start with a clean list of all visits in which a patient was treated in the ED; in other words, a list that contains all the visits that are eligible to undergo chart review to determine if they are DAWN cases. If a clean list is not possible, you will need to delete ineligible encounters from the list after you receive it to produce the definitive, complete list of charts you need to review.

2. Use the list to set up a "tracking system" to enter your progress as you:

- Identify each chart that needs to be reviewed;
- Obtain the chart;
- Review the chart.

You will need a tracking system to keep track of which charts still need to be found, which charts still need to be reviewed, and which charts you have reviewed.

Let's consider a simple example of how to convert a list into a tracking system. Suppose that the source of your list is a simple handwritten ED register. The register has the date on the top of each page. As part of the intake process, the intake nurse writes the patients' names and enters the time of day that they presented in the ED.

The ED allows the Reporter to make a photocopy of the register pages, and the medical records department has agreed to locate the medical record numbers corresponding to each name on the register.

On the photocopied list, the Reporter draws (with pen and ruler) a few extra columns to the right of the patient information and labels the columns at the top of each page to keep track of charts found and charts reviewed. The following simple example shows the general layout of a basic Reporter's tracking list; the column headings in bold are the ones added by the Reporter to make the tracking list.

Sign in: Print Name	Time:	Med Rec #	**Chart Obtained**	**Chart Reviewed**	**Counted in Act Rep Sent to Westat (date)**	**Notes**
John Doe	8:06 am	A505555508	X	X	1/22/03	
Jane Doe	8:10 am	A664908767	X	X	1/22/03	
Robert Doe		A542167878				2/15/03: Not able to locate
Cindy Roe	8:12 am	B230111111	X		1/29/03	

The Reporter uses the Chart Obtained and Chart Reviewed columns to check off these events as they occur for each ED visit and chart. (Rather than simply checking it off, the Reporter might record the date when each event occurred.) The column headed "Counted in Activity Report Sent to Westat dated MM/DD/YY:" helps the Reporter keep track of which charts were counted and submitted previously on the ED Activity Report Form. Alternatively, you may use color highlighters to identify charts located and reviewed. This is important to prevent double-counting of charts reviewed.

The "Notes" column might be used for comments like "chart sent to patient's cardiologist in home town" or "patient left before being treated, don't count as visit." It would also be the place to note that, after repeated attempts, the Reporter has decided that the chart cannot be reviewed. It is also useful to keep track of which visits

were identified as DAWN cases. (Alternatively, the Reporter might use a separate column to check off the DAWN cases.)

When each chart on the list has been accounted for - obtained or determined to be permanently unavailable - and each chart has been reviewed, the Reporter will know that the DAWN reporting for the ED visits covered by the list has been completed.

This same kind of tracking system could be produced using a printout from a computerized ED registration, medical records, or billing system. Depending on the availability of staff and resources, it may be possible to produce a formatted list containing the ED visit/patient information from hospital records and the additional columns that you need for tracking charts. Your Facility Liaison can investigate whether a standard printout can be produced to help you with tracking charts.

3. Obtain the charts corresponding to each ED visit on the list.

Obtaining the charts may be the most challenging step in hospitals using traditional paper charts because the charts move and become unavailable. Charts can be moving targets for a number of reasons:

- When ED patients are admitted to an inpatient unit or sent to surgery, the chart travels with them;
- When ED patients are referred to one of the hospital's outpatient care units, the chart may be sent to that unit;
- Charts can be forwarded to patient billing, en route to their final filing location in medical records or some other department;
- Charts can be sitting in a variety of different departments awaiting review by radiologists or other specialists;
- Charts can be awaiting toxicology reports;

- Charts can be sitting on physicians' desks awaiting review or signatures;
- Charts can be lost.

DAWN Reporters must be mindful that the primary objective of the hospital is patient care, not data collection. Depending on the chart management, flow, and storage procedures in your facility and on the timing of your review, you may not be able to obtain every chart on your tracking list at the same time. This may happen occasionally or, because of the hospital's procedures, it may occur for every list. Your tracking list is essential to help you keep track of charts you have found and reviewed.

If you cannot obtain all ED charts for review, please bring this to the attention of your DAWN Facility Liaison. Altering when or where you review charts may be necessary to improve your chances of getting the charts you need when you need them. Your Facility Liaison will work with you and the appropriate managers in your facility to determine why access to charts is a problem and how to resolve it. Access to charts may be a one-time problem, a regular problem associated with particular staff, or a problem related to hospital rules or procedures. Charts may get stuck awaiting clinical review and sign-off by the attending physician. Charts may move through the system at different paces; some charts may be held temporarily in different locations.

Regardless of the reason, your Facility Liaison can help solve these problems by finding out where the charts have gone, by working with you and hospital staff to find solutions to missing charts, and sometimes by re-locating the DAWN data collection to achieve better chart access. It is the job of your Facility Liaison to work with facility staff and managers to develop solutions that do not impede ED operations but eliminate long delays in accessing charts. It is especially important to work with your Facility Liaison to solve problems caused by hospital operations, systems, or rules.

4. Immediately mark off each chart obtained on the tracking system list.

After obtaining each chart or accessing electronic medical records, immediately enter that chart on your tracking list as one that you have obtained.

Marking (e.g., using color highlighters) the charts you have obtained on the tracking list creates a reminder list for the charts that you have not yet obtained. Periodic review of this list will tell you which charts are still outstanding, so you can seek them again at reasonable time intervals. Except for charts that are mislaid or required by special circumstances to be kept out of circulation for an extended period, it is likely that the charts that were initially unavailable will become available after a short time.

If there is no practical solution to a large number of charts being unavailable when you initially request them, your tracking list becomes an even more important tool. Under these circumstances, you will always have to make several attempts to locate charts for a given time period. An up-to-date and accurate tracking list will help avoid obtaining and reviewing the same charts multiple times.

5. Review the charts you have obtained to identify the DAWN cases.

After obtaining access to the charts - paper charts, printouts, or electronic medical records - you should review all the charts as soon as possible to determine if they are DAWN cases. As discussed in detail in Section 2.2, review:

(1) the patient's chief complaint(s),
(2) physician's, nurse's, or other appropriate clinician's assessment, and
(3) diagnosis/diagnoses,

then determine if the patient was treated in the ED for a condition induced by or related to drug use.

Most problems related to identifying DAWN cases will consist of questions about how to apply the DAWN case criteria to specific visits. When you have any questions about the criteria, call your DAWN Regional Monitor in the Westat Home Office at 1-800-FYI-DAWN.

Some problems, however, are just practical problems and the solution can be quick and simple. For example:

> **Problem:** The chart is illegible.
> **Solution:** Can you check with the clinician who wrote the notes, or a person whose role routinely requires him or her to interpret this clinician's handwriting, such as a pharmacist or nurse in the ED?
>
> **Problem:** The chart is incomplete.
> **Solution:** Is there someone in the ED who could furnish the missing information? Is there another source in the hospital for the information?

6. On the tracking list, immediately mark off each chart when you have reviewed it.

When you review a chart, mark it off on the tracking list right away. This ensures that your tracking system will be accurate and timely. Marking off the charts you have reviewed automatically creates a reminder list of the charts that you still need to review.

As soon as you identify a DAWN case, stop and fill out a DAWN ED Case Form for it, as explained in Chapter 3, using your regular reporting method (paper Case Form or eHERS electronic form). If you are reviewing charts in an electronic system, fill out the ED Case Form while you have the chart "open."

If you are working with paper charts, another method is to review all the charts that are available to you and, as you go through them, identify the DAWN cases

and set those charts aside (in a separate pile). When you have completed reviewing all the charts, go through the charts for the DAWN cases and fill out the DAWN ED Case Form for all of them.

Always keep charts out of view of others who are not working with you. Never leave a chart unattended. If you need a break or are called away, lock up the charts in a secure area before you leave. This applies both to paper charts and to printouts of chart information from computerized medical records systems.

Finally and most importantly, never remove a chart, or any printout of a computerized medical record, from the hospital premises. This is a serious breach of the DAWN confidentiality protocol. Even one such breach can result in your termination as a DAWN Reporter.

7. Immediately return each chart reviewed to its proper location.

Regardless of the method you use, use the chart as quickly as possible and then return it. Someone else, a member of the hospital staff, may need that chart. As soon as you have finished with the charts, return them to their appropriate location.

Records departments will often require you to sign for the charts. When you return the charts, ask for a copy of the list that you signed, so that you can mark on the hospital's own list the charts you have received and returned to the department. You may also decide it is important to add a "date returned" column to your tracking list, so that you have a single source for all the information relevant to each ED visit and chart you use for DAWN reporting purposes.

8. Continue to request or search for charts that appear on the list but which you have not yet obtained.

Continue to use the tracking list to help you obtain and review all, or as many as possible, of the needed charts.

You should work with your DAWN Facility Liaison if you encounter difficulty in obtaining access to a significant number of charts after a reasonable amount of time has passed. You should also discuss with your Facility Liaison the length of time you should continue to pursue any given chart, considering such factors as the date of the visit, the amount of time that has elapsed since the visit, how many or what percentage of charts are still outstanding, and the realistic expectations of actually obtaining the chart in time to be useful to DAWN.

In summary, at a minimum your chart tracking system should include a way to:

- Identify all ED visits;
- Record a link (i.e., some sort of patient identifier, usually a medical record number), so that you have some way of linking the ED visit to the chart in the event the DAWN Home Office has questions about a specific DAWN case or there is a need to review a chart again for other DAWN-related quality assurance activities;
- Track each corresponding chart that you obtain;
- Track each chart that you review;
- Summarize your chart review activity on the DAWN ED Activity Report Form (explained in Chapter 4);
- Set up a secure and private place where only you have access to the tracking system you are using.

As always, you should consult with your DAWN Facility Liaison for assistance in developing this system in your ED and for negotiating with ED managers to

provide you with the access to records that you need to carry out your work. Your Facility Liaison has experience in establishing DAWN in many hospitals.

Reminder: A creative or novel approach adopted to solve a problem in another hospital can be a solution worth considering in your hospital.

2.4.3 Security for Tracking Lists

Tracking lists will contain confidential information about individual patients, a medical record number, a name, and possibly additional information. Keep your tracking list and copies of your completed DAWN forms in a secure locked place, preferably a locked cabinet that only you can access in a room that is kept locked when not occupied.

It is a breach of the DAWN confidentiality protocol to remove charts from the hospital premises. The same is true for tracking lists. Do not remove tracking lists from the hospital premises; these lists contain identifying information about patients.

When you know that your data have been processed and the tracking list is no longer needed, you should shred your copies of the materials with identifying information or turn it over to the appropriate hospital manager, as required. Most hospitals have security shredding. If your hospital does not, ask your Facility Liaison about arranging for shredding. You will work with your DAWN Facility Liaison to determine the appropriate length of time for you to retain the list before disposing of it; you will need to keep it available for a certain time period so that Westat staff can make use if it for quality assurance purposes.

Chapter 3. Completing the DAWN ED Case Form

3.1 Overview of the DAWN ED Case Form

The ***DAWN ED Case Form*** (Exhibit 3-1) is the main vehicle for capturing ED DAWN data. The information collected on this form falls into four general categories:

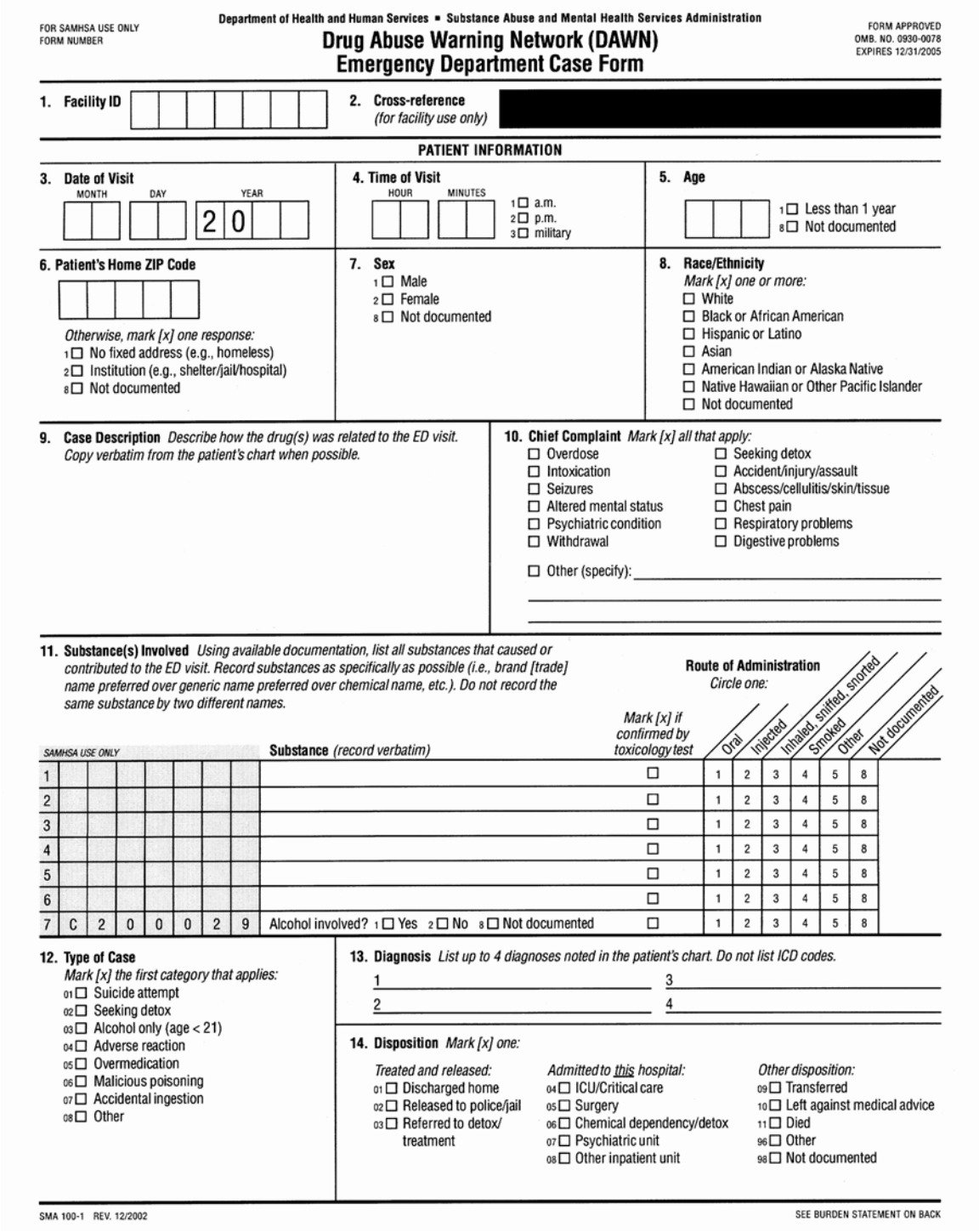
- **Operations Data.** These data items, used in processing and tracking DAWN cases, include *Facility ID* (Item #1), *Cross-reference* (Item #2), *Date of Visit* (Item #3), and *Time of Visit* (Item #4).

- **Demographic Data.** These data items, used to investigate differences in drug use patterns across patient demographic groups, include basic patient information such as *Age* (Item #5), *Patient's Home ZIP Code* or other living arrangement (Item #6), *Sex* (Item #7), and *Race/Ethnicity* (Item #8).

- **Characteristics of the Case.** The information collected in *Case Description* (Item #9), *Chief Complaint* (Item #10), *Type of Case* (Item #12), *Diagnosis* (Item #13), and *Disposition* (Item #14) provides details on the medical conditions for which patients seek treatment and their disposition after leaving the ED.

- **Substance(s) Data.** The data items reported under *Substance(s) Involved* (Item #11) constitute the core of the data reported to DAWN. These items include information about the specific drug(s) or substance(s) used, whether the substance was confirmed by a toxicology report, the route of administration of each reported substance, and whether alcohol was involved and confirmed by toxicology test.

Exhibit 3-1. DAWN ED Case Form



FOR SAMHSA USE ONLY
FORM NUMBER

Department of Health and Human Services ▪ Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network (DAWN)
Emergency Department Case Form

FORM APPROVED
OMB. NO. 0930-0078
EXPIRES 12/31/2005

1. Facility ID ☐☐☐☐☐☐☐ **2. Cross-reference** *(for facility use only)* [redacted]

PATIENT INFORMATION

3. Date of Visit MONTH ☐☐ DAY ☐☐ YEAR 2 0 ☐☐

4. Time of Visit HOUR ☐☐ MINUTES ☐☐ 1☐ a.m. 2☐ p.m. 3☐ military

5. Age ☐☐☐ 1☐ Less than 1 year 8☐ Not documented

6. Patient's Home ZIP Code ☐☐☐☐☐
Otherwise, mark [x] one response:
1☐ No fixed address (e.g., homeless)
2☐ Institution (e.g., shelter/jail/hospital)
8☐ Not documented

7. Sex
1☐ Male
2☐ Female
8☐ Not documented

8. Race/Ethnicity
Mark [x] one or more:
☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Not documented

9. Case Description *Describe how the drug(s) was related to the ED visit. Copy verbatim from the patient's chart when possible.*

10. Chief Complaint *Mark [x] all that apply:*
☐ Overdose
☐ Intoxication
☐ Seizures
☐ Altered mental status
☐ Psychiatric condition
☐ Withdrawal
☐ Seeking detox
☐ Accident/injury/assault
☐ Abscess/cellulitis/skin/tissue
☐ Chest pain
☐ Respiratory problems
☐ Digestive problems
☐ Other (specify): _____

11. Substance(s) Involved *Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names.*

SAMHSA USE ONLY	Substance *(record verbatim)*	Mark [x] if confirmed by toxicology test	Route of Administration *Circle one:* Oral	Injected	Inhaled, sniffed, snorted	Smoked	Other	Not documented
1		☐	1	2	3	4	5	8
2		☐	1	2	3	4	5	8
3		☐	1	2	3	4	5	8
4		☐	1	2	3	4	5	8
5		☐	1	2	3	4	5	8
6		☐	1	2	3	4	5	8
7 C 2 0 0 0 2 9	Alcohol involved? 1☐ Yes 2☐ No 8☐ Not documented	☐	1	2	3	4	5	8

12. Type of Case
Mark [x] the first category that applies:
01☐ Suicide attempt
02☐ Seeking detox
03☐ Alcohol only (age < 21)
04☐ Adverse reaction
05☐ Overmedication
06☐ Malicious poisoning
07☐ Accidental ingestion
08☐ Other

13. Diagnosis *List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.*
1 _____ 3 _____
2 _____ 4 _____

14. Disposition *Mark [x] one:*

Treated and released:
01☐ Discharged home
02☐ Released to police/jail
03☐ Referred to detox/ treatment

Admitted to this hospital:
04☐ ICU/Critical care
05☐ Surgery
06☐ Chemical dependency/detox
07☐ Psychiatric unit
08☐ Other inpatient unit

Other disposition:
09☐ Transferred
10☐ Left against medical advice
11☐ Died
96☐ Other
98☐ Not documented

SMA 100-1 REV. 12/2002 SEE BURDEN STATEMENT ON BACK

3.2 General Guidelines for Reporting DAWN Data

Before discussing item-by-item instructions for each data item on the DAWN ED Case Form, we discuss general guidelines for DAWN reporting. Because DAWN reporting must be accurate and uniform across all facilities, it is important that you carefully follow these guidelines. (See Section 3.4 on Specific Guidelines for DAWN Paper Forms.)

Recording Text Information. When recording notes or descriptions on the DAWN ED Case Form (Items #9, #10, and #13), make sure the wording is clear and unambiguous and that you only provide the minimum necessary information.

- Ambiguous description: "Mother said she was unhappy and tried to kill herself."
  Much better: "Mother said daughter (patient) tried to kill herself."

- Confidentiality breach: "Mrs. Hoover said her 16-year-old daughter Amy broke her arm at her graduation party while smoking pot."
  Much better: "Mother said her 16-year-old daughter fell and broke her arm while smoking pot."

Drug Names. DAWN will supply you with the *DAWN Drug Index*, an extensive list of brand names and their corresponding generic names, first sorted by brand name and then by generic name. This list will help you spell drug names correctly and avoid recording the same substance by the brand name and the generic name as if they were two different substances.

- Spelling Drug Names. If you are unsure of the correct spelling of a drug or substance, or if you are unable to read the writing on a patient's chart, refer to the Drug Index. Many drug names have similar spellings, so a misspelled drug name could result in the wrong drug being reported.

- Assumptions About Drug Names. On a similar note, don't make assumptions about spelling, numbers, and names. For example, if the chart refers only to "benzos," enter "benzos" in the drug list. Do not make the assumption that "benzos" is "benzodiazepines." Without additional information, record exactly what is on the chart. Sometimes, making assumptions could result in recording incorrect information.

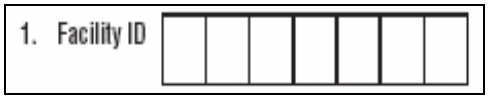
3.3 Item-by-Item Instructions

This section provides instructions for each item on the ED Case Report Form. Other than some differences in recording procedures, the instructions apply to both electronic and paper forms. If you cannot find the answer to a question in these instructions, call your Regional Monitor for specific guidance at 1-800-FYI-DAWN. These instructions will be periodically updated as questions are received and resolved. Our goal for DAWN 2003 and beyond is to provide thorough documentation for procedures and reporting situations to ensure that all Reporters are working with the same set of guidelines.

Form Number

The preprinted Form Number in the top left corner of each ED Case Report Form is a unique identifier for DAWN data entry and Home Office staff. Should questions arise about a particular case, the Form Number is the reference point for Home Office followup with the Reporter. Do not modify the preprinted Form Number or photocopy the form. If you need additional forms, call the Home Office at 1-800-FYI-DAWN.

Item #1: Facility ID



The Facility ID is a six-digit number followed by an alphabetic character (A, B, C, and so forth). The six-digit number is unique to the hospital. Since many hospitals have multiple EDs participating in DAWN, the letter is unique to the ED. It is important to associate a patient's data with the ED where the visit occurred; therefore, make sure you are using the correct character that identifies an individual ED within a hospital. When reporting electronically, the Facility ID will be computer generated based on your logon ID.

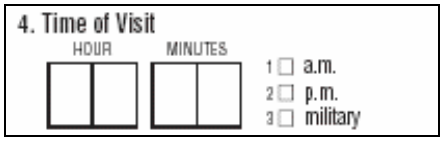
Item #2: Cross-reference

DAWN forms are processed by DAWN staff at Westat. In the event that Westat must contact you to clarify information on a form or to resolve inconsistencies in the data reported, you must be able to link a particular ED Case Report Form to the patient's chart to recheck the information and clarify or resolve the inconsistency. In the space labeled *Cross-reference* on the form, you will record limited identifying information, usually a medical record number or patient number that you can use to locate the chart associated with a particular DAWN case. To protect the patient's identity, this reference is blacked-out on the copy that goes to Westat. Do not enter patient identifying information on a portion of the form that will be visible to Westat.

Item #3: Date of Visit

Enter the month, day, and year of the patient's ED visit. Convert months spelled out in text to numbers. Enter month and day using two digits, including leading zeros when appropriate. (Leading zeros means that you should put a zero in the first of the two boxes if the month has only one digit.) For example, the month of June would be entered as 06. Since the first two digits of the year are preprinted, you only enter the last two digits of the year. The digits you would enter for the date June 2, 2003, would be 06 02 03.

Item #4: Time of Visit



Enter the time of the patient's registration using the time system used by the facility. If the facility uses military time (24-hour clock), enter an "X" in the *military* box. Otherwise, record an "X" in the *a.m.* or *p.m.* box to indicate morning or evening.

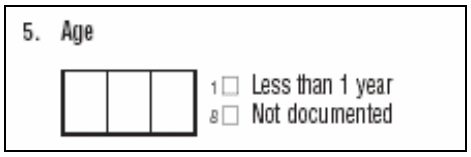
- If the visit took place at noon, enter 1200 and place an "X" in the *p.m.* box; if the visit took place at midnight, record 1200 and place an "X" in the *a.m.* box.

- Enter hours and minutes using two digits for each, including leading zeros when appropriate; that is, if the visit was at 6:30 a.m., enter 06:30 and place an "X" in the *a.m.* box.

- The time of visit can be obtained from the ED log book, from a computerized registry of ED visits, or from the patient's chart. When there is a discrepancy between the time on the chart and the ED log/registry, use the registration time from the log/registry.

Date and time link a DAWN case to a particular ED visit. Date is used to analyze drug use trends over periods. Time is used to analyze patterns in ED visits for various types of DAWN cases.

Item #5: Age



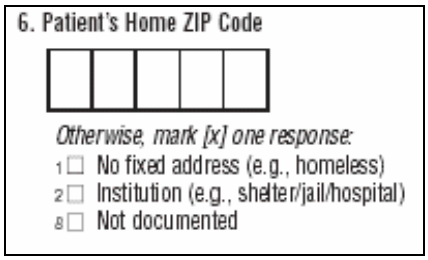
Enter the Age of the patient at the time of the visit, using leading zeros when appropriate.

- When age information is inconsistent in the patient's chart, determine the age by using the patient's date of birth.

- If the patient is less than 1 year of age, enter an "X" in the *Less than 1 year* box and leave the age box blank.

- If the patient's age is not documented, place an "X" in the *Not documented* box.

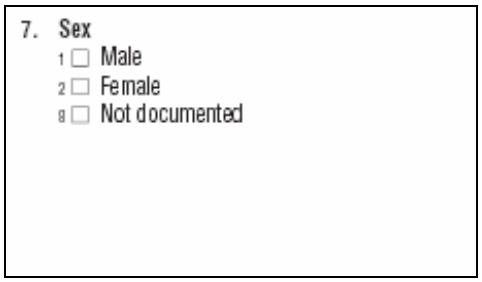
Item #6: Patient's Home ZIP Code



Record the five-digit ZIP Code from the patient's address on the chart.

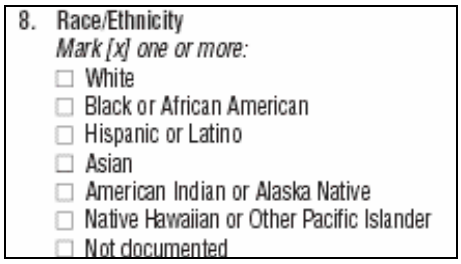
- If the chart indicates that the patient is "homeless" or has "no fixed address," enter an "X" in the *No fixed address* box.
- If the patient lives at an institution, such as a shelter, jail, or other health care facility, enter an "X" in the *Institution* box.
- If the patient's ZIP Code is not documented, place an "X" in the *Not documented* box.

Item #7: Sex



Record an "X" in the appropriate box for male or female. If the patient's Sex is not documented in the chart, enter an "X" in the *Not documented* box.

Item #8: Race/Ethnicity


8. Race/Ethnicity
Mark [x] one or more:
- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Not documented

Record an "X" for each Race/Ethnicity category that applies. Multiple categories may apply. For example, if race on the chart is "white" and ethnicity is "Hispanic," check both *White* and *Hispanic or Latino*. If the patient's race/ethnicity is not documented on the chart, enter an "X" in the *Not documented* box.

The race and ethnicity categories listed are defined as follows:

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

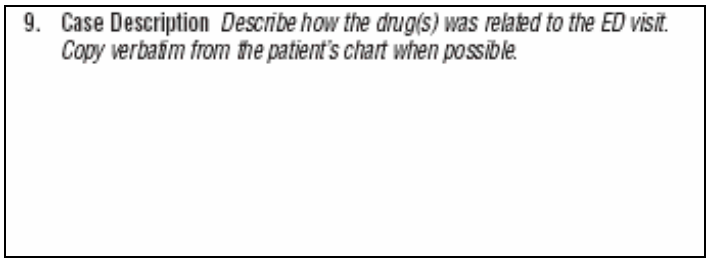
Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native – A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Item #9: Case Description


9. Case Description *Describe how the drug(s) was related to the ED visit. Copy verbatim from the patient's chart when possible.*

The Case Description should briefly document why the ED visit is a DAWN case. In other words, the Case Description should stand on its own.

Review the chart and record in one or two short sentences (20 words or so) the answer to the question: ***How did drug(s) or substance(s) cause or contribute to the ED visit?***

You may need to look in several places in the chart to find the best answer to this question. This information may be contained in the presenting complaint, nurse's notes, physician's assessment, or diagnoses. For example,

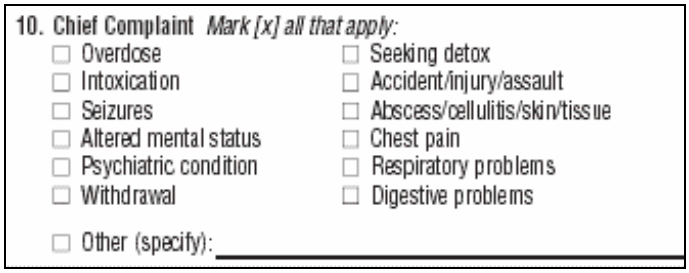
Chart Notes: 46-year-old female patient who punched her arm through plate glass window while on drugs.

Diagnosis: L. forearm laceration ulnar nerve disruption; facial laceration

Drugs: Cocaine positive, ETOH positive

Case Description: ***How did drugs(s) or substance(s) cause or contribute to the ED visit?*** Patient punched her arm through plate glass window while on drugs.

Item #10: Chief Complaint


10. Chief Complaint *Mark [x] all that apply:*

- ☐ Overdose
- ☐ Intoxication
- ☐ Seizures
- ☐ Altered mental status
- ☐ Psychiatric condition
- ☐ Withdrawal
- ☐ Seeking detox
- ☐ Accident/injury/assault
- ☐ Abscess/cellulitis/skin/tissue
- ☐ Chest pain
- ☐ Respiratory problems
- ☐ Digestive problems
- ☐ Other (specify): _____

Complaints are those symptoms, problems, and conditions mentioned by the patient and/or the patient's attendees (whoever brought the patient to the ED). Attendees may be friends or family of the patient, emergency personnel such as ambulance drivers or emergency medical services (EMS) personnel, police, and so forth. Chief Complaint may be the patient's or attendee's words translated into medical terminology by a nurse or attending medical personnel, but should not be obtained from the diagnoses recorded on the chart by the physician.

You may need to look in several places in the chart to find the presenting complaints. Enter an "X" in as many answer categories as apply. Whenever possible, use the answer categories provided on the form. For example, "having trouble breathing," "coughing," and "wheezing" are *Respiratory problems*. "Vomiting," "throwing up," and "diarrhea" are *Digestive problems*. The answer categories are defined below:

Overdose – Include cases with documented overdose, non-alcoholic toxicity, and poisoning.

Intoxication – ED cases involving documentation of intoxication and alcohol poisoning.

Seizures – Neurologic events associated with abnormal electrical activity in the brain. Seizures manifest clinically as a change in consciousness, motor, sensory, or behavioral symptoms. "Convulsion."

Altered mental status – Abnormal changes in basic mental functioning that include disorientation as to time and place. Patient or those in attendance may state that the patient manifests symptoms of disorientation, is delirious, is having hallucinations, is combative, or things of that nature. For example:

- The patient's mother tells the ED nurse she cannot control her 14-year-old son who has taken PCP and is threatening to kill her and her other children. He thinks they are space aliens trying to invade his body.

- EMS bring in a homeless man who has been drinking alcohol and taking drugs of an unknown nature. He does not know where he is or who is president. He keeps asking for Victor but does not know who Victor is, when questioned.

Psychiatric condition – In DAWN, a general term used to denote mental illness or psychological dysfunction, specifically those mental, emotional, or behavioral problems not caused by a physical disease. These include suicidal ideation, depression, schizophrenia, bipolar disorder, and so forth.

Withdrawal – May occur when a person stops taking a drug (illegal or legal) upon which he or she is physiologically dependent. Withdrawal may result in severe physical symptoms requiring treatment.

Seeking detox – Cases characterized by documentation in the chart that the patient is seeking "detox," "rehab," or medical clearance or help for a drug problem.

Accident/injury/assault – Includes self-inflicted injuries or injuries resulting from fights, accidents, or assaults with documented use of substances involved. This category is appropriate for injuries resulting from accidents induced by or related to drug abuse. Work-related injuries and automobile accident injuries, for example, can sometimes be attributed to drug use.

Abscess/cellulitis/skin/tissue – Cases in which cellulitis, abscesses, infection, or skin problems such as rashes are mentioned in conjunction with drug or substance abuse.

Chest pain – Includes chest discomfort, tightness, pain or pressure.

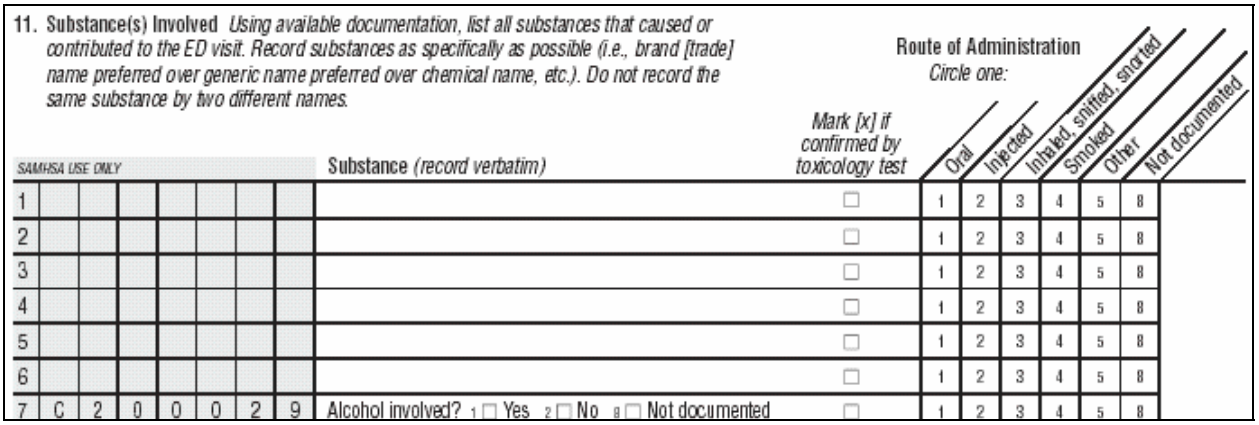
Respiratory problems – A category of conditions associated with breathing. Examples include shortness of breath, coughing, and wheezing.

Digestive problems – A category of conditions associated with the gastrointestinal system. Examples include indigestion, nausea, vomiting, diarrhea, and constipation.

Other – Complaints that do not fit into the pre-recorded categories. If you are uncertain which pre-recorded category to use, check *Other* and record the complaint verbatim.

Note: Sometimes there might be no complaint information. For example, the patient may have been brought in comatose, found in the park. In this instance, enter an "X" in *Other* and indicate that no complaint was recorded on the chart.

Item #11: Substance(s) Involved



11. Substance(s) Involved *Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names.*

SAMHSA USE ONLY	Substance *(record verbatim)*	Mark [x] if confirmed by toxicology test	Route of Administration Circle one: Oral	Injected	Inhaled, sniffed, snorted	Smoked	Other	Not documented
1		☐	1	2	3	4	5	8
2		☐	1	2	3	4	5	8
3		☐	1	2	3	4	5	8
4		☐	1	2	3	4	5	8
5		☐	1	2	3	4	5	8
6		☐	1	2	3	4	5	8
7 C 2 0 0 0 2 9	Alcohol involved? 1 ☐ Yes 2 ☐ No 8 ☐ Not documented	☐	1	2	3	4	5	8

The amount of specific drug information collected by DAWN sets DAWN apart from all other drug data systems. The specificity of the DAWN data is essential for most drug data analyses. For example, information from DAWN is used to determine the abuse potential of particular prescription drugs and to monitor trends in illicit drug use. This item, which is the core of the data collected in DAWN, captures the *Substance(s)* implicated in the DAWN case, whether the presence of the substance was confirmed by a *toxicology test*, and the *Route of Administration*, if known.

Using all available documentation in the chart, record the substances that caused or contributed to the ED visit in this item.

Do not report substances taken as prescribed or labeled if they are unrelated to the condition that brought the patient to the ED.

Substances that may be reported to DAWN are:

- Illicit drugs, such as cocaine, heroin, and marijuana
- Prescription medications, such as Valium® and Vicodin®
- Over-the-counter medications (OTCs), such as aspirin, Motrin®, and Tylenol®
- Dietary supplements, including vitamins, minerals, and herbal supplements (e.g., St. John's Wort, Echinacea, Ginko Biloba)
- Alcohol, with some restrictions noted below
- Non-pharmaceutical inhalants, with some restrictions noted below

Record all substances as specifically as possible.

- Record *brand* (trade) name first, if it is available (e.g., Advil®).
- If brand name is not available, record *generic* name (e.g., ibuprofen).
- If neither brand nor generic name is available, record *chemical* name.
- If none of the above are available, record *drug type.*
- If the chart indicates *poly-substance abuse*, that is, no specific drug brand, generic, or chemical name is given, record *poly-substance abuse.*
- If none of the above, list *unknown* or *unidentified drug.*

For example, the chart indicates that the patient ingested cocaine and OxyContin®. Another part of the chart refers to the cocaine as "crack" and OxyContin® as "oxycodone." Record crack, which is a type of cocaine, and OxyContin®, which is a brand of oxycodone. Refer to the *DAWN Drug Index* for help.

You may include as many as six substances. Do not record the same substance under two different names unless it was consumed by multiple routes. For example, if heroin is the only substance documented, do not record "heroin" on one line and "opiates" on a second line. If heroin was injected and snorted, record "heroin" on two lines with route of administration coded accordingly.

More than six substances – If there are more than six substances documented in the chart, include the six that contributed most to the ED case, in the following order:

- Any and all recently used illicit drug(s) associated with the patient visit and/or
- All non-pharmaceutical substances that were inhaled and associated with the patient visit and/or
- Any and all prescription drug(s) or OTC(s) that were NOT taken according to direction and/or
- Any and all prescription drug(s) or OTC(s) taken according to direction, to which the patient had an adverse reaction

Non-pharmaceutical inhalants – To be reported to DAWN, a non-pharmaceutical must have been *inhaled*, *sniffed*, or *snorted*.

To be reported to DAWN, a non-pharmaceutical inhalant must have psychoactive properties (i.e., affect the brain like a drug) when inhaled (See Chapter 2, pages 2 – 14 and 2 – 15 for more details). Do not report inhalation of non-volatile gases, such as carbon monoxide.

A list of non-pharmaceutical substances that are reportable is available in Appendix G, and the substances are listed in the *DAWN Drug Index*, which is updated regularly.

Toxicology – If a *toxicology* test was performed and returned positive, place an "X" in the box on the line next to the drug. If the toxicology report for that drug was negative, the substance should not be listed even if it was listed in the presenting complaint.

Alcohol – Line 7 is used to indicate if *alcohol* was involved and contributed to the patient's ED visit. Do not record alcohol on any other line. If alcohol is the only substance implicated in the visit, record it only if the patient is under age 21. If alcohol is the only substance and the patient is age 21 or older, it is not a DAWN case.

- **The difference between "No and Not Documented"** – *No* is only used if the chart specifically states that there was no alcohol involved in the ED visit. For example, the toxicology report was negative for ETOH. If the chart does not mention *alcohol*, place an "X" in the *Not documented* box.

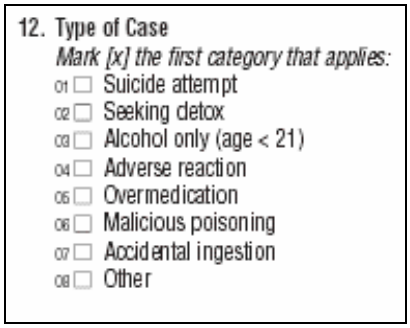
Route of Administration – For each substance listed in Item #11, circle the route of administration documented in the chart. If the route of administration is not documented in the chart, place an "X" in the *Not documented* box. The pre-recorded routes of administration are defined below. **Note:** Do not make assumptions about how the substance was consumed; drug users are very creative. For example, do not assume that alcohol was consumed orally, that antibiotics were taken orally, that marijuana was smoked, that cocaine was snorted, or that heroin was injected

- **Oral –** Substance was taken by mouth and swallowed.
- **Injected –** Substance was administered via needle. Intravenous (IV) use would be included in this category.

- **Inhaled/sniffed/snorted –** Substance, regardless of form (nitrous oxide, powder, etc.) was aspirated (taken into the respiratory system) through the nose or mouth. "Huffing" would be included in this category.
- **Smoked –** Substance was smoked (includes freebase).
- **Other –** All other routes of administration.
- **Not documented –** To be used whenever the route of administration is not documented in the patient's chart.

If there were multiple routes of administration, record the same drug by the same name on multiple lines. For example, if cocaine was both freebased and snorted, record cocaine on two lines and circle "3" for *snorted* on one line and "4" for *smoked* on the other. However, do not record the same substance by different names. For example, the chart indicates that the patient took "Valium®," and the toxicology test is positive for benzodiazepine. Valium® is a brand of benzodiazepine. Record only Valium® and check the toxicology box. Refer to the *DAWN Drug Index*.

Item #12: Type of Case


12. Type of Case
Mark [x] the first category that applies:
01 ☐ Suicide attempt
02 ☐ Seeking detox
03 ☐ Alcohol only (age < 21)
04 ☐ Adverse reaction
05 ☐ Overmedication
06 ☐ Malicious poisoning
07 ☐ Accidental ingestion
08 ☐ Other

The criteria used to identify a DAWN case are very general and deliberately broad. This item will be used to distinguish different types of cases. For example, substance abuse treatment specialists may be most interested in cases seeking detox, while prevention advocates may be interested in alcohol use by minors.

An important characteristic of this data item is that the answer categories are organized in a hierarchy. Although a DAWN case might fit into more than one category, you are to classify the case into the first *Type of Case* category that applies. Even if more than one category applies, pick the first category that matches. Do not pick more than one category.

Suicide attempt – This category is defined strictly as a genuine "suicide," "suicide attempt," or "attempted to kill self" by means of a drug or substance overdose. A note, a call, mention by friend or family member, or some other documentation must be in the chart. Do not include suicidal "ideation" or "depression" without a documented suicide attempt.

Seeking detox – The chart contains documentation that the patient is seeking "detox," "rehab," or "medical clearance" for "help for a drug problem."

Alcohol only – This category is used strictly for patients under 21 years of age for whom alcohol was the only reportable drug. NOTE: Alcohol only cases with documentation in the chart indicating suicide attempt or seeking detox fall in the first case type that applies – *Suicide attempt or Seeking detox.*

Adverse reaction – This category refers ONLY to those patients having a reaction to a prescription or OTC drug where the drug was taken according to directions. These cases include allergic reactions to drugs and drug interactions. NOTE: Reactions to illicit drugs are not included in this case type.

Overmedication – These patients took more than the recommended dose of a prescription or OTC drug or dietary supplement. This includes, but is not limited to, the following reasons:

- Patients who forgot they had already taken a dose
- Those who took extra dose(s) to make up for a missed dose
- Patients who took more medication because their symptoms did not subside with the recommended dose

NOTE: Illicit drugs are not included in this case type.

Malicious poisoning – These cases include patients deliberately poisoned by someone else. This category includes drug-facilitated assault, drug-facilitated rape, and product tampering.

Accidental ingestion – This category includes cases in which a person has ingested a drug accidentally or unknowingly. This includes children who ingest drugs, those who inhale non-pharmaceutical substances by mistake, or individuals who ingest a drug not realizing its nature.

Other – This includes all other drugs and substances not classified above. This category includes all other cases in which drug dependence, abuse, withdrawal, suicidal ideation or gesture, recreational use, or reason unknown (patient comatose) caused or contributed to the ED visit.

NOTE: This case type may capture the majority of the DAWN cases you identify.

The DAWN Decision Tree shown as Exhibit 3-2 is also available as a laminated sheet. Keep the laminated sheet in an accessible and convenient place. The decision tree takes you through a series of questions. The first time you answer "Yes" to a question, stop and enter an "X" in the category that matches the "Yes" answer. Then move on to Item #13 or the next item that needs to be completed. Remember: Classify the case into the first type that applies, although more than one may apply.

Note: The DAWN ED Case Form does not need to be completed in sequential order. You may complete the form in the most convenient way, filling in the data as you find them in the chart. Remember to fill out all the items.

Exhibit 3-2. DAWN Decision Tree

Exhibit 3-3. ED visits not reportable to DAWN

1) **Patient left the ED without being treated** – The patient left the ED before treatment was initiated. Such charts often indicate "left without being seen" or LWBS. These include cases like:

   - A patient provided administrative information (e.g., insurance information) and symptoms, then got tired of waiting and left before treatment was initiated.
   - A patient came to pay a bill or to pick up medication for a CT scan scheduled for the next day.

2) **A non-pharmaceutical substance was consumed but not inhaled** – The non-pharmaceutical substance (e.g., Clorox, paint, glue) was consumed by some means other than inhalation. Non-pharmaceuticals are reportable only if inhaled (e.g., inhaling paint fumes while painting a closet).

   - The patient drank turpentine. This is **NOT** a DAWN case.
   - The patient injected gasoline while high on PCP. This is a DAWN case, but only the PCP is reportable.

3) **Only a history of drug abuse is documented** – Such documentation may appear in the social history section of the chart, or the chart may have a notation indicating "history of drug abuse." If documentation points only to a history of drug use/abuse (e.g., a patient who is HIV+ with a history of IVDA) and there is no evidence of current use, it is **NOT** a DAWN case.

4) **Alcohol is the only substance involved and the patient is age 21 or over** – Cases involving alcohol and no other substance are reportable only if the patient is less than 21 years old. Alcohol is reportable for adults only when present in combination with another reportable substance.

5) **The only documentation of drug use is in toxicology test results** – Documentation of drug use must be present in the chief complaint, assessment, or diagnoses. Toxicology may pick up current medications taken for legitimate therapeutic purposes, or drugs taken some time ago and unrelated to the visit. Therefore, toxicology alone is not sufficient evidence to make a case reportable. For example:

   - A man slipped on a wet concrete floor and fractured his hip. The toxicology result is positive for opiates. There is no other evidence of opiate use. This is **NOT** a DAWN case.

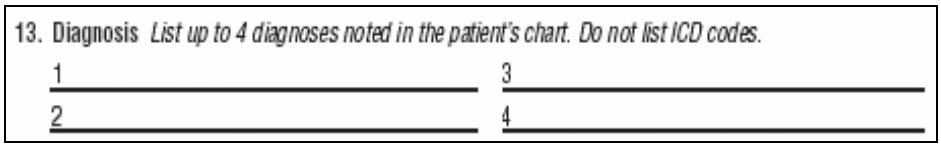
6) **Drugs listed are not related to the visit** – There is no documentation in the chief complaint, assessment, or diagnosis to indicate that the ED visit was related to the use of drugs, either legal or illicit. Regular medications not related to the ED visits are NOT reportable to DAWN. For example:

   - A 24 year-old female passenger in a bus accident was taken to the ED with a broken leg. She is a daily cocaine user, but there is no indication her cocaine use was connected to the injury. This is **NOT** a DAWN case.

7) **There is no evidence of drug use** – The chief complaint, assessment, or diagnosis does not refer to any drug use. Examples may include:

   - Drug Seekers – Patients who visit the ED to acquire specific drugs for unconfirmed condition(s).
   - Under-medication – Patients who forget or stop taking prescribed medications. The patient may be treated in the ED for a condition related to not taking a medication. This is **NOT** a DAWN case.

Item #13: Diagnosis


13. Diagnosis *List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.*

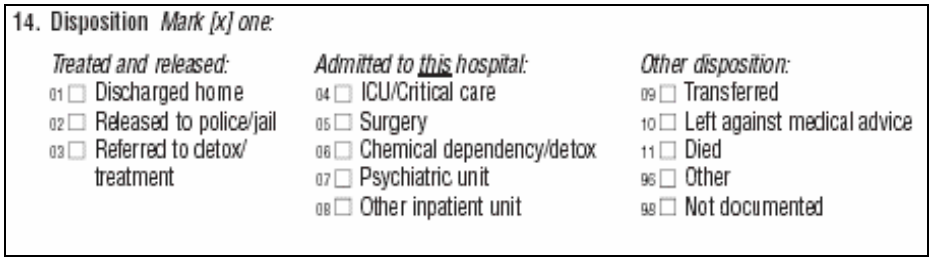
1 _____ 3 _____

2 _____ 4 _____

Diagnosis(es) are used to understand the impact of drug use on the patient's body systems and the health consequences of drug use in general. In this item, list up to the *four most significant diagnoses* noted in the patient's chart. Record the diagnoses in words; do not list ICD-9 codes. Diagnoses are determined during the visit, so they may be different from the presenting complaint.

Record the diagnoses verbatim. Enter "None" on the first line, if no diagnosis was made or recorded on the chart.

Item #14: Disposition


14. Disposition *Mark [x] one:*

Treated and released:	*Admitted to this hospital:*	*Other disposition:*
01 ☐ Discharged home	04 ☐ ICU/Critical care	09 ☐ Transferred
02 ☐ Released to police/jail	05 ☐ Surgery	10 ☐ Left against medical advice
03 ☐ Referred to detox/ treatment	06 ☐ Chemical dependency/detox	11 ☐ Died
	07 ☐ Psychiatric unit	96 ☐ Other
	08 ☐ Other inpatient unit	98 ☐ Not documented

The disposition describes the outcome of the patient visit: whether the patient was treated and released, was admitted as an inpatient, was transferred to another health care facility, died, and so forth. The disposition may provide an indication of the severity of the condition caused or related to the drug use, misuse, or abuse.

Enter an "X" next to the **one** response that best describes the disposition of the patient following treatment in the ED, based on the documentation in the chart. The response categories are:

Treated and released

(01) Discharged home – "Home" is used as a broad category to mean discharged to the patient's residence. Home is generally used for people who live locally; however, for students at nearby universities, home means their university; for travelers who get sick on the road, it may mean their hotel or wherever they are staying, and so forth.

(02) Released to police/jail – Use this category if the patient was released into the custody of the police or was transported/returned to jail after the ED visit.

(03) Referred to detox/treatment – Use this category if the chart indicates that the patient was referred to a substance abuse treatment or detox facility or provider to deal with his or her substance abuse problem. If the patient was discharged home and also referred to detox/treatment, enter "referred to detox/treatment."

Admitted to <u>this</u> hospital

If the patient was admitted to this hospital, choose the location that best represents the unit to which the patient was admitted:

(04) ICU/Critical care (use this category for admissions to an intensive or critical care unit)

(05) Surgery

(06) Chemical dependency/detox unit

(07) Psychiatric unit

(08) Other inpatient unit (use this category if the inpatient unit was not specified or does not match one of the preceding units)

Other disposition

If the patient was not treated and released or admitted to this hospital, select from among the following:

(09) Transferred – The patient was transferred to another health care facility.

(10) Left against medical advice – The patient left against the advice of ED staff.

(11) Died – The patient died after arriving in the ED but before being discharged, admitted, or transferred.

(96) Other – The discharge status is documented in the chart but does not fit into any of the preceding categories.

(98) Not documented – There is no information in the chart about the patient's disposition.

3.4 Specific Guidelines for DAWN Paper Forms

An important goal of DAWN is to achieve paperless reporting in 2003. The eHERS User Guide provides detailed procedures for electronic reporting. If you are still reporting on paper, you should follow the guidelines detailed below.

- Save Your Copies

  Save your copies of the ED Case Form for 12 months. You may need the copies for future reference. Store copies in a secure location.

- Blank Items

  It is important that you complete all items on the DAWN ED Case Form. Never leave items blank if there is an appropriate answer category on the form. Westat will not know if you skipped the question or if the answer was missing from the chart.

  If there is a *Not documented* answer category for the item and the

item is not in the chart, enter "not documented" instead of leaving it blank.

Some answers do not have a *Not documented* answer code. For example, Item #11 contains a toxicology box that is to be checked ONLY if a toxicology test was performed. In that case, your only choice is to leave the box blank if the test was not done.

- Legibility

  When completing paper forms, make sure that all items you record are legible. Items that cannot be read easily by the DAWN staff may result in errors in the DAWN data or calls from Westat to clarify the entry.

  If you can't read the handwriting in the chart, ask for assistance whenever possible. If possible, ask the person whose writing you can't read. If that is not possible, ask someone else (for example, a pharmacist or a medical coder) who is familiar with the clinician's handwriting.

- Number of Forms Per Case

  Never use more than one ED Case Form for each case. This will only cause confusion.

Chapter 4. Packing Slip and Activity Report Form

4.1 Reporting DAWN Data to Westat

This chapter addresses the DAWN Reporter's responsibilities after completing the ***ED Case Forms*** for DAWN cases.

Reporters using paper forms must: (1) send completed cases to Westat accompanied by the ***ED Cases Packing Slip,*** and (2) complete and send to Westat the ***ED Activity Report Form.***

DAWN cases entered in the eHERS reporting system are submitted to Westat electronically as they are entered, and are counted automatically. Instructions on how to submit the ED Activity Report in eHERS are provided in the eHERS User Guide (pages 31 - 37).

4.2 ED Cases Packing Slip (for paper reporting only)

DAWN Reporters mail completed paper forms to Westat in pre-printed, postage-paid envelopes provided for this purpose. Each package will include the completed ED Case Forms and a completed ED Cases Packing Slip (see Exhibit 4-1). The packing slip must accompany the DAWN case forms. The packing slip tells Westat how many cases are included in the package and is used to ensure that all case forms are accounted for.

Do not let completed DAWN cases "pile up." As soon as you have completed paper ED case forms, preferably weekly, record the number of completed case forms on the ED Cases Packing Slip and mail the Packing Slip and case forms to Westat.

Exhibit 4-1. ED Cases Packing Slip

DAWN DRUG ABUSE WARNING NETWORK

ED Cases Packing Slip

FacilityID:

Facility Name: #1

Number of DAWN ED Case Forms attached: #2 _____

Signature: #3 _____ Date: #4 _____

Print Name #5 _____

The items on the packing slip and instructions for completing each item are described in the table below. The item numbers are identified in Exhibit 4-1. Filling in all items on this form is required for Westat to process the DAWN cases you send in.

#	Item	Description
1.	Facility ID and Facility Name	This information is preprinted on the form.
2.	Number of DAWN ED Case Forms attached	Record the total number of completed DAWN ED Case Forms being sent to Westat in this package. This total should reflect all the forms included in the mailing by the Reporter who signs in Item #3.
3.	Signature	Sign here to attest that you completed the cases attached to/enclosed with the ED Cases Packing Slip.
4.	Date	Write the date the Packing Slip was completed and the package is being mailed.
5.	Print Name	Print your name clearly. This should be the same name as in Item #3, identifying the person who actually completed the DAWN ED Case Forms attached/enclosed. Note: If the name is not clearly printed, delays in processing and payment may occur.

The following scenario describes the steps the Reporter took that resulted in the completed ED Cases Packing Slip shown in Exhibit 4-2.

- The DAWN Reporter completed 500 ED Case Report Forms during the week of March 3-10.
- Fifty case forms were for visits that occurred in February 2003.
- 450 case forms were for visits that occurred in March 2003.
- On March 11, the Reporter completed the ED Cases Packing Slip and sent it to Westat with the 500 completed case forms.

Exhibit 4-2. Completed ED Cases Packing Slip

DAWN DRUG ABUSE WARNING NETWORK

ED Cases Packing Slip

FacilityID:	980123A
Facility Name:	NE General Hospital ED

Number of DAWN ED Case Forms attached: 500

Signature: Lucy Norman Date: 3/11/03

Print Name Lucy Norman

4.3 ED Activity Report Form

DAWN Reporters must account for and report to Westat the total number of ED visits and the number of charts directly reviewed for each month. DAWN Reporters using paper forms use the ED Activity Report Form to record and transmit to Westat the total number of ED visits and charts reviewed. Typically, this form is sent to Westat at the end of every calendar month.

The items on the ED Activity Report Form are described in the table below. Exhibit 4-3 shows the paper version of this form and shows the item numbers referenced in this table.

#	Item	Description
1.	Facility ID	Enter the same DAWN Facility ID that you recorded on the ED Case forms for the same ED covered by this Activity Report. Note: Since different EDs within a hospital have different Facility IDs, you must submit a separate ED Activity Report Form for each ED.
2.	Month	Indicates the calendar month in which the ED visits occurred.
3.	Total ED Visits	Provide the total number of ED visits that occurred during the month indicated on the row. NOTE: This count must exclude visits where the patient left without being seen.
4.	Charts Directly Reviewed	Indicate the total number of charts that you directly reviewed from the ED visits entered for that month. If you have reviewed all of the charts for ED visits that month, this number will equal the number in Item #3.
5.	Comments	Provide any comments about the ED visits and charts reviewed for the month indicated.
6.	Print Name	Print your name clearly. This should be the name of the person who signs in Item #7.
7.	Signature	Sign to attest that you are the DAWN Reporter who prepared and is submitting the total ED visits count and who reviewed the number of charts listed. By signing, you also attest that the numbers reported are accurate and have not been reported on a previous ED Activity Report Form.
8.	Date	Write the date the Activity Report Form was completed and is being sent.

Exhibit 4-3. ED Activity Report Form

Department of Health and Human Services ▪ Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network (DAWN)
Emergency Department Activity Report Form

FORM APPROVED
OMB. NO. 0930-0078
EXPIRES 12/31/2005

Facility ID ☐☐☐☐☐☐☐ #1

Please list only ED visits and charts directly reviewed that were **not** reported on any previous *DAWN Activity Report.*

#2 For the month of…	#3 Total ED visits	Charts #4 directly reviewed	#5 Comments
January 2003	☐☐☐☐☐	☐☐☐☐☐	
February 2003	☐☐☐☐☐	☐☐☐☐☐	
March 2003	☐☐☐☐☐	☐☐☐☐☐	
April 2003	☐☐☐☐☐	☐☐☐☐☐	
May 2003	☐☐☐☐☐	☐☐☐☐☐	
June 2003	☐☐☐☐☐	☐☐☐☐☐	
July 2003	☐☐☐☐☐	☐☐☐☐☐	
August 2003	☐☐☐☐☐	☐☐☐☐☐	
September 2003	☐☐☐☐☐	☐☐☐☐☐	
October 2003	☐☐☐☐☐	☐☐☐☐☐	
November 2003	☐☐☐☐☐	☐☐☐☐☐	
December 2003	☐☐☐☐☐	☐☐☐☐☐	

By signing below I certify that the information presented above is true and accurate to the best of my knowledge. The numbers reported on this form were not included in counts reported on a previous *DAWN Activity Report.* I understand that this information may be audited for accuracy.

Print Name: #6 Signature: #7

Date: #8

SMA 100-3 REV. 12/2002
SEE BURDEN STATEMENT ON CASE FORMS

WHITE COPY – WESTAT YELLOW COPY – DAWN REPORTER

DAWN Reporters using eHERS provide the same information in an electronic format (see the eHERS User Guide, pages 31 – 37).

The guidelines below will assist you in completing the ED Activity Report Form completely and accurately.

- The months listed on the ED Activity Report Form refer to the month in which the ED visit occurred. These months do not refer to the month in which the chart was reviewed for DAWN or the month in which the DAWN Case was submitted.

- When you have finished reviewing charts for a month, send the completed ED Activity Report Form to Westat. If you were not able to review all the charts for the month, enter a comment explaining why the remaining charts were not reviewed.

- If the number of Total ED Visits for a prior month has been updated and the new number is **higher**, report the additional visits to Westat either electronically or on the paper Activity Report Form.

- If the number of Total ED Visits for a prior month has been updated and the new number is **lower**, call your Regional Monitor to report the change.

- If you reviewed additional charts for a prior month, enter the number next to the appropriate month and add a comment, if necessary. If you have already reported the Total ED Visits for that month, do not report it again.

The following scenario describes the Reporter activity that resulted in the completed ED Activity Report Form shown in Exhibit 4-4.

- The DAWN Reporter completed and sent this form to Westat on May 7, 2003.
- There were 400 ED visits in April (see Total ED Visits for April).
- The DAWN Reporter reviewed 340 charts for visits that occurred in April (see Charts Directly Reviewed for April).
- Since submitting the last ED Activity Report Form, the Reporter also reviewed 50 additional charts for visits that occurred in February and 60 additional charts for visits that occurred in March.

As shown in Exhibit 4-4, the counts for the 50 February charts and 60 March charts are entered under Charts Directly Reviewed for February and March, respectively. No entries are made for Total ED Visits for these months, because that information was submitted previously and has not changed.

Exhibit 4-4. Completed ED Activity Report Form

Department of Health and Human Services ▪ Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network (DAWN)
Emergency Department Activity Report Form

FORM APPROVED
OMB. NO. 0930-0078
EXPIRES 12/31/2005

980123A

Facility ID 980123A NE General Hospital ED

Please list only ED visits and charts directly reviewed that were **not** reported on any previous *DAWN Activity Report.*

For the month of…	Total ED visits	Charts directly reviewed	Comments
January 2003			
February 2003	—	50	located rest from Feb.
March 2003	—	60	" " Mar.
April 2003	400	340	need to track down 60
May 2003			
June 2003			
July 2003			
August 2003			
September 2003			
October 2003			
November 2003			
December 2003			

By signing below I certify that the information presented above is true and accurate to the best of my knowledge. The numbers reported on this form were not included in counts reported on a previous *DAWN Activity Report.* I understand that this information may be audited for accuracy.

Print Name: Lucy Norman Signature: Lucy Norman

Date: 5/7/03

SMA 100-3 REV. 12/2002
SEE BURDEN STATEMENT ON CASE FORMS

WHITE COPY – WESTAT YELLOW COPY – DAWN REPORTER

"Month" Refers to the Date of the ED Visits

As mentioned above, the months listed on the ED Activity Report Form refer to the month in which the ED visit occurred. This is not the date you reviewed the chart or the date you completed or sent the ED Case Form.

For example you are completing the ED Activity Report Form at the end of January:

- Enter the count of all ED visits that occurred between January 1 and January 31. Write this total on the line for January 2003 under Total ED Visits.
- Then, enter the number of Charts Directly Reviewed on the line for January 2003. If all charts were reviewed, this number will be equal to the total ED visits for the month. If some January charts were not reviewed or the review is still in progress, the number of charts reviewed will be less than the total ED visits for January 2003.

When to Send the ED Activity Report Form

DAWN data are most useful if they are timely. We encourage you to send completed case forms frequently, at least weekly. ***However, if you submit ED case forms weekly, you may send the ED Activity Report Form with the last package of completed case forms for the month.*** If you were not able to review all the charts for the month, enter a comment explaining why the remaining charts were not reviewed. The expectation is that you will review the remaining charts at a later date and report these charts in a future Activity Report Form, after you review them.

Furthermore, complete and send the ED Activity Report Form only when you have chart review activity to report. If you have obtained the Total ED Visits for a month, but have not begun reviewing the charts to identify DAWN cases, do not submit an ED Activity Report Form; wait until you have reviewed some or all of the charts.

Reporting Additional Charts Reviewed

If you are reporting additional charts reviewed but have already reported the Total ED Visits for the month on an earlier ED Activity Report Form, do not report the same information again. Only report the additional number of charts you have reviewed from that month.

Sending the Completed Activity Report Form to Westat

After completing the rows for Total ED Visits and Charts Directly Reviewed for the particular month, sign and date the ED Activity Report Form. Separate the copies and mail the white top copy of the ED Activity Report Form to Westat, and keep the yellow copy on file in a secure location for at least 12 months.

Updating Total ED Visits

We recognize that sometimes the number of Total ED Visits for a month may be updated after you have submitted your activity report for that month. The change must be reported to Westat. How that correction is made depends on two circumstances:

- Whether the revised Total Number of Visits for the prior month is higher or lower than was originally reported; and
- Whether reporting is on paper forms or on eHERS.

Scenario One: The total Number of ED Visits is higher than the one originally reported.

- Report the **difference** between the previously reported total and the revised total (the additional number of visits not previously reported).
- On eHERS, that difference should be entered in the field labeled Additions to Prior Total for the appropriate month. The number previously reported will be visible in the first column, labeled Total

Entered in Prior Sessions. eHERS will sum the two numbers to reach the correct total ED visits for that month.

- On paper forms, the difference should be entered in the column labeled Total ED Visits for the appropriate month. The number previously reported can be found only on the prior month's form. Again, Westat will add the additional visits to the number originally reported to reach the correct total ED visits for that month.

It is a good idea to write a note in the Comments column to explain such a change, such as "prior total excluded patients admitted".

The examples below show how to report updates to the number of ED visits and the charts reviewed on paper and eHERS.

- A Reporter filed an ED Activity Report Form for May 2003 reporting 246 total ED visits and 226 charts reviewed that month.
- The April ED census count (total ED visits) had to be updated by 28 visits to 244.
- The Reporter also found and reviewed 19 April charts.

Paper - May 2003 ED Activity Report:

For the month of:	Total ED visits	Charts Reviewed	Comments
April	28	19	April visits updated per corrected census
May	246	226	

eHERS - May 2003 ED Activity Report:

	Total ED Visits		Charts Directly Reviewed		
For the: Month of:	Total entered prior session	Additions to prior total	Total entered prior session	Additions to prior total	Comments
April	216	28	210	19	April visits updated per corrected census
May	246		226		

Scenario Two: The Total ED Visits is lower than the one originally reported.

- For eHERS or paper forms, contact your Regional Monitor and report the **difference** between the previously reported total and the revised total (i.e., the reduction in number of visits previously reported).
- Do not attempt to report a reduction in the Total Number of ED Visits for a previously reported month in an Activity Report Form, whether reporting electronically or using paper forms. Call your Regional Monitor.
- For eHERS, the incorrect number(s) will be deleted and replaced with zeros. You will be notified by your Regional Monitor when to enter the correct numbers.

4.4 DAWN Payment Deadlines

To be a true "warning network," DAWN must receive timely data. We ask Reporters to review charts and complete DAWN ED Case Report forms continuously and frequently. To meet the schedule required by SAMHSA for the DAWN data collection, Westat expects weekly submission of DAWN ED Case forms. We encourage Reporters not to wait to locate and review charts that are not immediately available. Instead, every week send the cases you have completed and keep a record of those you need to locate for later review. Frequent reporting also ensures better access to charts.

The ***DAWN Payment Calendar for 2003,*** shown in Appendix F, specifies two sets of critical dates for DAWN facility/Reporter payment each month: (1) the monthly deadline for receipt of DAWN data at Westat to make facility/Reporter payments and (2) the monthly payment date. These dates are defined as follows:

- The ***10th of every month—***is the date each month by which completed ED Case forms and the ED Activity Report Form must be

received at Westat to be included in payments for that month. If the 10th of the month falls on a weekend, the reporting deadline will be extended to the following Monday (the 11th or 12th).

- The ***26th of every month—***is the date when facility/Reporter payments will be mailed by Westat. If the payment date falls on a weekend day, the payment day will be advanced to the prior Friday (the 24th or 25th).

IMPORTANT

To be considered for payment on the 26th of the month, the completed ED Case forms and the count of the number of charts reviewed on the ED Activity Report Form must be received at Westat by the reporting deadline, the 10th of the month.

These deadlines apply to paper and electronic reporting. ED Case forms and ED Activity Report Forms received at Westat after the monthly deadline for receipt will be reflected in the payment made on the 26th of the following month. **There will be no exceptions.**

IN SUMMARY:

- Use the *ED Activity Report Form* to report the total number of ED visits that occurred in the ED in a given month, the number of charts you reviewed for that month, and any charts you reviewed for prior months because they were not available at the time.

- Submit an ED Activity Report Form only when you have activity to report. If you did not review any charts for a particular month, do not submit an Activity Report. Do not submit Total ED Visits before you have reviewed charts for those visits.

- Submit completed DAWN *ED Case Forms* to Westat as frequently as possible.

- Include the *ED Cases Packing Slip* with paper ED Case forms submitted to Westat.

- Track charts not reviewed for a given month on a copy of the ED census or registry and review them at a future time.

- Submit cases and the Activity Report Form by the 10th of the month to be paid on the 26th of the month.

Common Abbreviations used in Medical Charts

ABBREVIATION	MEANING
+ (+)	positive
- (-)	negative
A	Asian
AA	African American
ADD	Attention Deficit Disorder
AMS	Altered mental status
AOB	Alcohol on Breath
ATE	Acute Toxic Encephalopathy
B	Black
Bact	Bacteriology
BIBA	Brought in by ambulance
b.i.d.	Twice a day
BLS	Basic life support
BMR	Basal metabolic rate
BP	Blood pressure
BPH	Benign prostatic hypertrophy
bpm	Beats per minute
Bx,	Biopsy
$\overline{C}$	With
C	Cervical, followed by number indicates particular cervical vertebra
CBC	Complete blood count
CC, C.C.	Chief complaint
CCU	Coronary care unit
CO	Carbon dioxide
C/o co	Complaining of
CPR	Cardiopulmonary resuscitation
CRP	C-reactive protein
DX, Dx, dx	Diagnosis
ECG	Electrocardiogram
EEG	Electroencephalogram
EMS	Emergency Medical Services
EMT	Emergency Medical Technician, Emergency Medical Transportation
ETOH	Alcohol
FUO	Fever of unknown/undetermined origin
Fx	Fracture
GI	Gastrointestinal
GERD	Gastroesophageal Reflux Disease
h.s.	At bedtime, hour of sleep
HTN	Hypertension
Hx	History
ICU	Intensive care unit
I.M.	Intramuscular
Inj	Inject

Common Abbreviations used in Medical Charts

I.V.	Intravenous
IVDU	IV Drug Use
IVDA	IV Drug Abuse
L	Left; lumbar, followed by number indicates specific lumbar vertebra
Lat	Lateral
LOC	Loss of consciousness, Level of consciousness
Lt	Left
LV	Left ventricle
OTC	Over the counter (a drug that can be obtained without a prescription)
p.c.	After meals
Peds	Pediatrics
P.O.	By mouth
p.r.n.	As needed, whenever necessary
q	Every
q.d.	Every day
q.h.	Every hour
q2h	Every 2 hours
q4h	Every 4 hours
q.i.d.	Four times a day
R	Respirations, roentgen
RLQ	Right lower quadrant
R/O	Rule out
RUQ	Right upper quadrant
Rx	Prescription
$\overline{s}$	Without
SOB	Short of breath
S&S	Signs and symptoms
$\overline{s}\,\overline{s}$	One-half
stat	Immediately
sx	Symptoms
T	Temperature; thoracic, followed by number designating specific thoracic vertebra
Tabs	Tablets
T&C	Type and crossmatch
temp.	Temperature
t.i.d.	Three times a day
TPR	Temperature, pulse, respiration
VS	Vital signs
W	White
Yo y/o	Years old

Glossary of Commonly Used DAWN Terms

Abscess/cellulitis/skin/tissue: In DAWN, skin or tissue problems, such as cellulitis, abscesses, infection, or rashes, mentioned in conjunction with drug or substance abuse.

Accident/Injury: In DAWN, cases involving self-inflicted injuries or injuries resulting from fights, accidents, or assaults with documented use of substances.

Accidental ingestion: In DAWN, a case in which the patient took the drug accidentally or unknowingly.

Adverse reaction: In DAWN, an allergic or other adverse event or toxicity associated with taking a prescription or over-the-counter drug or dietary supplement according to directions. Includes drug-to-drug interactions and alcohol-drug interactions.

Altered mental status: In DAWN, the chief complaint may refer to any number of abnormal changes in basic mental functioning. The patient or those in attendance state that the patient manifests symptoms of disorientation as to time and place, is delirious, is having hallucinations, is combative, or things of that nature.

Brand name (or Trade name): Drug name that is proprietary and protected by a pharmaceutical manufacturer's registered trademark. Examples include Valium (generic name is diazepam) and Advil (generic name is ibuprofen). The brand is the most specific way to report a drug to DAWN and is preferred over all less specific names.

Case criteria: The specific characteristics that define a DAWN-reportable case. See **DAWN Case Identification, Chapter 2 ED Reference Manual.**

Charts: ED patients' medical records, which are reviewed by the Reporter to identify DAWN cases.

Chest pain: In DAWN, a category of symptoms associated with pain or discomfort in the chest or upper thorax.

Chief complaint: The symptom(s) or condition(s) for which the patient is seeking treatment in the ED.

Club drugs: During the 1990s, use of certain illicit drugs were linked to "raves" and dance clubs. These substances are commonly referred to as "club drugs." For DAWN, these include Ketamine, flunitrazepam (Rohypnol), gamma hydroxy butyrate (GHB, or its precursor, gamma butyrolactone [GBL]), and methylenedioxymethamphetamine (MDMA or Ecstasy).

Cross-reference: Information entered on the facility copy of the ED Case Report Form that is used by the Reporter to link the DAWN case to a patient's chart. Cross-reference information is never submitted to Westat.

Data item: Each of the 14 individual data elements captured by the Reporter on the ED Case Report Form.

DAWN: The Drug Abuse Warning Network, a national public health and substance abuse data collection system. DAWN is the responsibility of the Office of Applied Studies (OAS), a component of Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services.

DAWN Case: An ED visit induced by or related to drug use, abuse, or misuse.

DAWN ED Case Form: The paper or electronic form on which the DAWN Reporter records data items that characterize each reportable DAWN Case.

DAWN Reporter: The person responsible for reviewing charts, identifying DAWN Cases, recording data items, and submitting them to Westat. This person may be a member of the facility's staff or an Independent Reporter on Westat's staff.

Dependence: A physiological or psychological condition characterized by a compulsion to take a drug on a continuous or periodic basis to experience its effects or to avoid the discomfort of its absence.

Diagnosis/diagnoses: The condition(s) for which the patient was treated as determined by the clinician after study.

Digestive problems: In DAWN, a category of conditions associated with the gastrointestinal system. Examples include indigestion, nausea, vomiting, diarrhea, and constipation.

Direct chart review: Procedure used to identify DAWN cases, according to the DAWN data collection protocol. Charts reviewed may be paper or electronic. The protocol requires that reporters attempt to obtain and review all charts.

Disposition: The location or facility to which an ED patient was referred, transferred, or released.

Drug category: A grouping of related drugs or substances in the DAWN Drug Reference Vocabulary. Examples of drug categories include major substances of abuse, amphetamines, psychotherapeutic agents, narcotic analgesics, and benzodiazepines.

Drug-induced visit: "Drug-induced" means that the patient's condition was directly caused by the use, misuse, or abuse of a drug(s) or substance(s). Examples of such cases include drug overdoses or adverse reactions to drugs taken as directed.

Drug mention: An instance of a substance being recorded ("mentioned") on a DAWN case report.

Drug Reference Vocabulary (DRV): The comprehensive set of terms and codes used by DAWN to identify and classify drugs and other reportable substances. The DRV is updated monthly and contains thousands of terms for illicit drugs, prescription and over-the-counter medications, dietary supplements, and non-pharmaceutical inhalants. The DRV represents substances by generic, brand, and chemical names, metabolites, and street terms. The DRV is based on the Multum *Lexicon*, Copyright © 2002, Multum Information Services, Inc., which has been modified to meet DAWN's unique requirements (2002).

Drug-related visit: "Drug-related" means that the use, misuse or abuse of a drug(s) or substance(s) has contributed to the patient's condition, but did not directly cause it. Examples of such cases include accidents or injuries resulting from drug use.

DRV: See **Drug Reference Vocabulary.**

Drug type: See **Drug Category.**

ED Activity Report Form: A one-page form on which the Reporter records the number of ED visits that occurred during a month and the number of charts directly reviewed for that month. This form is typically sent to Westat once a month. It is usually submitted separately from DAWN Cases.

ED Cases Packing Slip: The one-page inventory that accompanies each package of paper ED Case Report Forms mailed to Westat. The Packing Slip contains the number of DAWN Case Reports (paper forms) included in the mailing.

ED Case Form: See **DAWN Emergency Department Case Form.**

Facility ID: A seven-character identifier unique to each participating facility. This ID must be entered on each paper ED Case Report Form to link the form with the facility providing the data (the Facility ID is computer-generated in eHERS).

Facility Liaison (FL): The traveling DAWN staff member who is in direct contact with the facility and DAWN Reporters. This Westat employee is responsible for providing face-to-face training, resolving reporting problems, and handling other quality control issues.

Form number: A number unique to each DAWN case. The form number is preprinted at the top left of each paper ED Case Form and is computer-generated in eHERS.

Generic name: The name of a drug that is not proprietary and not protected by a trademark. The generic name is often descriptive of the drug's chemical structure. Examples include diazepam (a common brand name is Valium) and ibuprofen (common brand names include Advil and Motrin).

Home Office: The DAWN Operations Center headquarters in Rockville, MD. Regional Monitors and other staff based at the home office are responsible for monitoring and processing data submissions and maintaining quality control.

Inhalants: Inhalants include anesthetic gases and certain nonpharmaceuticals that are inhaled. Anesthetic gases (for example, nitrous oxide, ether, chloroform) are presumed to have been inhaled because they are gases or are delivered as gases. To be classified as an inhalant, a nonpharmaceutical substance must have a psychoactive effect when inhaled, sniffed, or snorted. Psychoactive nonpharmaceuticals fall into one of 3 categories: (1) volatile solvents, which include adhesives (model airplane glue, rubber cement, household glue), aerosols (spray paint, hairspray, air freshener, deodorant, fabric protector), solvents and gases (nail polish remover, paint thinner, correction fluid and thinner, toxic markers, pure toluene, cigar lighter fluid, gasoline, carburetor cleaner, octane booster), cleaning agents (dry cleaning fluid, spot remover, degreaser), food products (vegetable cooking spray, dessert topping spray such as whipped cream, whippets), and gases (butane, propane, helium); (2) nitrites, which include amyl nitrites ("poppers," "snappers") and butyl nitrites ("rush," "locker room," "bolt," "climax," "video head cleaner"); or (3) chlorofluorohydrocarbons (freons).

Intoxication: The condition produced by the toxic effect of a drug(s), often alcohol.

Malicious poisoning: In DAWN, deliberate poisoning with drugs by another person. Includes drug-facilitated assault, drug rape, and product tampering.

Nonpharmaceutical inhalant. See **Inhalants.**

Nonreportable case: An ED visit that is not reportable to DAWN because it does not satisfy the DAWN case criteria; that is, the patient's condition was not induced or related to drug use, abuse, or misuse.

Not documented: A category indicating that the documentation in the chart did not contain a response for the data item. "Unknown."

Overdose: In DAWN, a condition associated with consumption of an excessive or toxic quantity of a drug or other substance.

Overmedication: In DAWN, a case in which the patient took more than the recommended dose of a prescription or over-the-counter drug or dietary supplement. Includes taking extra dose(s) to make up for a missed dose, from forgetting they had taken a dose, or to treat symptoms that did not subside with the recommended dose.

Psychiatric condition: In DAWN, a general term used to denote mental illness or psychological dysfunction, specifically those mental, emotional, or behavioral problems that include suicidal ideation, depression, schizophrenia, bipolar disorder, and so forth.

Reportable case: A DAWN Case. An ED visit that was induced or related to drug use.

Respiratory problems: In DAWN, a category of conditions associated with breathing. Examples include shortness of breath, coughing, and wheezing.

Route of administration: The manner by which the drug was introduced into the patient's body. Includes oral (swallowed, by mouth); injected (administered by needle, by intramuscular

or intravenous injection); inhaled, sniffed, snorted (aspirated, taken into the respiratory system by nose or mouth); or smoked (taken into the respiratory system as smoke from a burning substance).

Sample/Statistical sample: A subset of facilities selected scientifically to represent a larger universe of facilities. Data from the sample is used to extrapolate to the larger universe.

Seeking detox: In DAWN, an ED patient that is seeking a referral to substance abuse treatment, detoxification ("detox"), "rehab", or medical clearance for help with a drug problem.

Seizures: Neurologic events associated with abnormal electrical activity in the brain and manifesting clinically as a change in consciousness, motor, sensory, or behavioral symptoms. "Convulsion."

Street term/slang: Informal, unconventional, or slang name for a drug, usually an illegal drug. Examples include Angel Dust (PCP), Weed (marijuana), Crank (amphetamine/methamphetamine), Speed (amphetamine/methamphetamine), Acid (LSD), Ecstasy (MDMA), Horse or Smack (heroin), Roofies (Rohypnol), and Crack (cocaine). Street terms are documented in the DAWN Drug Reference Vocabulary. Street terms or slang names for drugs may vary across geographic locations or time. New terms are added to the DAWN Drug Reference Vocabulary as they become known.

Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA is an agency of the U.S. Department of Health and Human Services (DHHS). SAMHSA is required by law to collect data on drug-related emergency department visits and drug-related deaths investigated by medical examiners and coroners.

Treatment in the ED: Medical care provided in a hospital emergency department setting. Such care may take many forms (for example, medical, surgical, psychiatric), depending on the nature and severity of the patient's condition. See **Chapter 2 in the ED Reference Guide for a more complete discussion.**

Type of case: A classification used to group similar DAWN cases. Each case is coded into one and only one category, the first that applies from the following hierarchy: Suicide attempt, Seeking detox, Alcohol only (age < 21), Adverse reaction, Overmedication, Malicious poisoning, Accidental ingestion, and Other. "Other" will include all cases that do not fit into any of the preceding categories, including ED visits related to recreational use, drug abuse, drug dependence, withdrawal, and any misuse that cannot be classified elsewhere based on documentation in the patient's chart.

Westat: A private research firm based in Rockville, MD. Under contract with SAMHSA, Westat is responsible for the operation of the DAWN data collection system and Operations Center.

Withdrawal: The physical state/symptoms produced by abstention from drugs to which a person is addicted.

DAWN Decision Tree

Is this a DAWN Case? Based on documentation in the chart, was the ED visit for a condition induced by or related to drug use?

NO → ***STOP*** ***Not a DAWN Case***

YES

This is a DAWN Case.
Answer the following questions in order. Assign Type of Case to first Yes.

1. Does the chart indicate that the patient attempted suicide using a drug?

YES → ***01 SUICIDE ATTEMPT***
- *"Suicide attempt"*
- *Completed suicide*
- *Attempted to kill self*

NO
- *"Suicide ideation"*
- *No documentation of suicide attempt*
- *Psych evaluation*
- *Tried to harm self*

2. Does the chart indicate that the patient was seeking detox or drug treatment?

YES → ***02 SEEKING DETOX***
- *Seeking substance abuse treatment*
- *Medical clearance for drug treatment admission*
- *Seeking drug rehabilitation*

NO
- *Withdrawal*

3. Is the patient under age 21 and alcohol is the only drug mentioned in the chart?

YES → ***03 ALCOHOL ONLY (AGE < 21)***
- *Patient under age 21 and alcohol is the only drug*

NO
- *Other drug(s) and alcohol are involved*
- *Patient is age 21 or over*

4. Does the chart indicate that the patient had an "adverse reaction" to a prescription drug, over-the-counter medication, or dietary supplement?

YES → ***04 ADVERSE REACTION***
- *Allergic reactions*
- *Drug interactions*
- *"Side effect" of drug*

NO
- *Unexpected reaction to illicit drugs*
- *Toxicity without documentation of "adverse reaction"*
- *Too little medication*
- *Took less than prescribed dose*

5. Did the patient exceed the prescribed dose of a prescription drug or the recommended dose of an over-the-counter medication or dietary supplement?

YES → ***05 OVERMEDICATION***
- *Tried to make up a missed dose*
- *Forgot they had taken a dose*
- *Treated symptoms that did not subside with recommended dose*

NO
- *Illicit drugs*
- *Malicious poisoning*
- *Accidental ingestion (e.g., children ingesting drugs)*

6. Does the chart indicate that the patient was deliberately poisoned or drugged by another person?

YES → ***06 MALICIOUS POISONING***
- *Drug-facilitated assault*
- *Drug-facilitated rape*
- *Homicide with drug as the weapon*
- *Product tampering*

NO
- *Accidental ingestion*

7. Does the chart indicate that the drug was used accidentally or unknowingly?

YES → ***07 ACCIDENTAL INGESTION***
- *Accidental child poisoning*
- *Took wrong medication*

NO → ***08 OTHER***
- *Any DAWN Case not assigned above*
- *Most illicit drug use*
- *Toxicity due to drugs*
- *Withdrawal*
- *Psych evaluation with drugs detected*

Rev. 9/26/2003

ED Visits NOT Reportable to DAWN

1) **Patient left the ED without being treated** – The patient left the ED before treatment was initiated. Such charts often indicate "left without being seen" or LWBS. These include cases like:

   - A patient provided administrative information (e.g., insurance information) and symptoms, then got tired of waiting and left before treatment was initiated.

   - A patient came to pay a bill or to pick up medication for a CT scan scheduled for the next day.

2) **A non-pharmaceutical substance was consumed but not inhaled** – The non-pharmaceutical substance (e.g., Clorox®, paint, glue) was consumed by some means other than inhalation. Non-pharmaceuticals are reportable only if inhaled (e.g., inhaling paint fumes while painting a closet).

   - The patient drank turpentine. This is **NOT** a DAWN case.

   - The patient injected gasoline while high on PCP. This is a DAWN case, but only the PCP is reportable.

3) **Only a history of drug abuse is documented** – Such documentation may appear in the social history section of the chart or the chart may have a notation indicating "history of drug abuse." If documentation points only to a history of drug use/abuse (e.g., a patient who is HIV+ with a history of IVDA) and there is no evidence of current use, it is **NOT** a DAWN case.

4) **Alcohol is the only substance involved and the patient is age 21 or over** – Cases involving alcohol and no other substance are reportable only if the patient is less than 21 years old. Alcohol is reportable for adults only when present in combination with another reportable substance.

5) **The only documentation of drug use is in toxicology test results** – Documentation of drug use must be present in the chief complaint, assessment, or diagnoses. Toxicology may pick up current medications taken for legitimate therapeutic purposes, or drugs taken some time ago and unrelated to the visit. Therefore, toxicology alone is not sufficient evidence to make a case reportable. For example:

   - A man slipped on a wet concrete floor and fractured his hip. The toxicology result is positive for opiates. There is no other evidence of opiate use. This is **NOT** a DAWN case.

6) **Drugs listed are not related to the visit** – There is no documentation in the chief complaint, assessment, or diagnosis to indicate that the ED visit was related to the use of drugs, either legal or illicit. Regular medications not related to the ED visits are NOT reportable to DAWN. For example:

   - A 24 year-old female passenger in a bus accident was taken to the ED with a broken leg. She is a daily cocaine user, but there is no indication her cocaine use was connected to the injury. This is **NOT** a DAWN case.

7) **There is no evidence of drug use** – The chief complaint, assessment, or diagnosis does not refer to any drug use. Examples may include:

   - Drug Seekers – Patients who visit the ED to acquire specific drugs for unconfirmed condition(s).

   - Under-medication – Patients who forget or stop taking prescribed medications. The patient may be treated in the ED for a condition related to not taking a medication. This is **NOT** a DAWN case.

FOR SAMHSA USE ONLY
FORM NUMBER

Department of Health and Human Services ▪ Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network (DAWN)
Emergency Department Case Form

FORM APPROVED
OMB. NO. 0930-0078
EXPIRES 12/31/2005

1. Facility ID ☐☐☐☐☐☐☐

2. Cross-reference *(for facility use only)* ■■■■■■■■■■■■■■■■■■■■

PATIENT INFORMATION

3. Date of Visit
MONTH ☐☐ DAY ☐☐ YEAR 2 0 ☐☐

4. Time of Visit
HOUR ☐☐ MINUTES ☐☐
1 ☐ a.m.
2 ☐ p.m.
3 ☐ military

5. Age
☐☐☐
1 ☐ Less than 1 year
8 ☐ Not documented

6. Patient's Home ZIP Code
☐☐☐☐☐

Otherwise, mark [x] one response:
1 ☐ No fixed address (e.g., homeless)
2 ☐ Institution (e.g., shelter/jail/hospital)
8 ☐ Not documented

7. Sex
1 ☐ Male
2 ☐ Female
8 ☐ Not documented

8. Race/Ethnicity
Mark [x] one or more:
☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Not documented

9. Case Description *Describe how the drug(s) was related to the ED visit. Copy verbatim from the patient's chart when possible.*

10. Chief Complaint *Mark [x] all that apply:*
☐ Overdose
☐ Intoxication
☐ Seizures
☐ Altered mental status
☐ Psychiatric condition
☐ Withdrawal
☐ Seeking detox
☐ Accident/injury/assault
☐ Abscess/cellulitis/skin/tissue
☐ Chest pain
☐ Respiratory problems
☐ Digestive problems
☐ Other (specify): _____

11. Substance(s) involved *Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names.*

	SAMHSA USE ONLY	**Substance** *(record verbatim)*	*Mark [x] if confirmed by toxicology test*	**Route of Administration** *Circle one:* Oral	Injected	Inhaled, sniffed, snorted	Smoked	Other	Not documented
1			☐	1	2	3	4	5	8
2			☐	1	2	3	4	5	8
3			☐	1	2	3	4	5	8
4			☐	1	2	3	4	5	8
5			☐	1	2	3	4	5	8
6			☐	1	2	3	4	5	8
7	C 2 0 0 0 2 9	Alcohol involved? 1 ☐ Yes 2 ☐ No 8 ☐ Not documented	☐	1	2	3	4	5	8

12. Type of Case
Mark [x] the first category that applies:
01 ☐ Suicide attempt
02 ☐ Seeking detox
03 ☐ Alcohol only (age < 21)
04 ☐ Adverse reaction
05 ☐ Overmedication
06 ☐ Malicious poisoning
07 ☐ Accidental ingestion
08 ☐ Other

13. Diagnosis *List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.*
1 _____ 3 _____
2 _____ 4 _____

14. Disposition *Mark [x] one:*

Treated and released:
01 ☐ Discharged home
02 ☐ Released to police/jail
03 ☐ Referred to detox/ treatment

Admitted to <u>this</u> hospital:
04 ☐ ICU/Critical care
05 ☐ Surgery
06 ☐ Chemical dependency/detox
07 ☐ Psychiatric unit
08 ☐ Other inpatient unit

Other disposition:
09 ☐ Transferred
10 ☐ Left against medical advice
11 ☐ Died
96 ☐ Other
98 ☐ Not documented

SEE BURDEN STATEMENT ON BACK

FOR SAMHSA USE ONLY
FORM NUMBER

Department of Health and Human Services ▪ Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network (DAWN)
Emergency Department Case Form

FORM APPROVED
OMB. NO. 0930-0078
EXPIRES 12/31/2005

1. Facility ID ☐☐☐☐☐☐☐

2. Cross-reference *(for facility use only)* ☐☐☐☐☐☐☐☐☐☐

PATIENT INFORMATION

3. Date of Visit
MONTH ☐☐ DAY ☐☐ YEAR 2 0 ☐☐

4. Time of Visit
HOUR ☐☐ MINUTES ☐☐
1 ☐ a.m.
2 ☐ p.m.
3 ☐ military

5. Age
☐☐☐
1 ☐ Less than 1 year
8 ☐ Not documented

6. Patient's Home ZIP Code
☐☐☐☐☐

Otherwise, mark [x] one response:
1 ☐ No fixed address (e.g., homeless)
2 ☐ Institution (e.g., shelter/jail/hospital)
8 ☐ Not documented

7. Sex
1 ☐ Male
2 ☐ Female
8 ☐ Not documented

8. Race/Ethnicity
Mark [x] one or more:
☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Not documented

9. Case Description *Describe how the drug(s) was related to the ED visit. Copy verbatim from the patient's chart when possible.*

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☐ Overdose
☐ Intoxication
☐ Seizures
☐ Altered mental status
☐ Psychiatric condition
☐ Withdrawal
☐ Seeking detox
☐ Accident/injury/assault
☐ Abscess/cellulitis/skin/tissue
☐ Chest pain
☐ Respiratory problems
☐ Digestive problems
☐ Other (specify): _____

11. Substance(s) Involved *Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names.*

SAMHSA USE ONLY								**Substance** *(record verbatim)*	*Mark [x] if confirmed by toxicology test*	**Route of Administration** *Circle one:* Oral	Injected	Inhaled, sniffed, snorted	Smoked	Other	Not documented
1									☐	1	2	3	4	5	8
2									☐	1	2	3	4	5	8
3									☐	1	2	3	4	5	8
4									☐	1	2	3	4	5	8
5									☐	1	2	3	4	5	8
6									☐	1	2	3	4	5	8
7	C	2	0	0	0	2	9	Alcohol involved? 1 ☐ Yes 2 ☐ No 8 ☐ Not documented	☐	1	2	3	4	5	8

12. Type of Case
Mark [x] the first category that applies:
01 ☐ Suicide attempt
02 ☐ Seeking detox
03 ☐ Alcohol only (age < 21)
04 ☐ Adverse reaction
05 ☐ Overmedication
06 ☐ Malicious poisoning
07 ☐ Accidental ingestion
08 ☐ Other

13. Diagnosis *List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.*
1 _____ 3 _____
2 _____ 4 _____

14. Disposition *Mark [x] one:*

Treated and released:
01 ☐ Discharged home
02 ☐ Released to police/jail
03 ☐ Referred to detox/ treatment

Admitted to <u>this</u> hospital:
04 ☐ ICU/Critical care
05 ☐ Surgery
06 ☐ Chemical dependency/detox
07 ☐ Psychiatric unit
08 ☐ Other inpatient unit

Other disposition:
09 ☐ Transferred
10 ☐ Left against medical advice
11 ☐ Died
96 ☐ Other
98 ☐ Not documented

SEE BURDEN STATEMENT ON BACK

Drug Abuse Warning Network (DAWN) Emergency Department Case Form
Selected Reporting Guidelines and Instructions

I. Reporting Guidelines

The following abbreviated guidelines and instructions highlight certain reporting items. Please refer to the detailed instructions found in the Instruction Manual for Emergency Departments for further information.

Complete a DAWN form for every patient treated in the emergency department for a condition that was induced by or related to their ingestion or use of a drug. The relationship of drug use to the ED visit must be substantiated by the medical record (presenting complaint, assessment, and/or diagnosis). NOTE: Drug use includes appropriate or inappropriate use of legal or illegal drugs.

Rely on information documented in the chart/record.
Do not make any assumptions.

II. Abbreviated Instructions for Completing Selected Items

Item 11. Route of Administration

Using only the information available in the patient's chart, indicate how the drug was used/ingested. ***Do not make any assumptions about how the drug was administered.*** *The response categories are:*

1. **Oral** – Substance was swallowed.
2. **Injected** – Substance was administered via needle.
3. **Inhaled/sniffed/snorted –** Substance, regardless of form (gas, powder, etc.) was aspirated (taken into the respiratory system) through the nose or mouth.
4. **Smoked** – Substance was smoked (includes freebase).
5. **Other** – All other routes of administration.
6. **Not documented** – To be used whenever the route of administration is not documented in the patient's chart.

Item 12. Type of Case

There are eight types of reportable cases. Use the following decision rules, in the following order, to determine how a case should be coded. Select the first category that applies:

1. Does the chart indicate that the patient attempted to commit suicide by a drug overdose? If yes, the case is a **Suicide attempt.** If no, go to #2.
2. Does the chart indicate that the patient is seeking a referral to detox or drug treatment, or that they are requesting assistance with their drug problem? If yes, the case is **Seeking detox.** If no, go to #3.
3. Is the patient under age 21, and is alcohol the only substance documented in the record? If yes, the case is **Alcohol only (age < 21).** If no, go to #4.

(continued next column)

4. Does the chart indicate that the patient was (a) taking a prescription or over-the-counter drug or dietary supplement as prescribed/labeled and (b) had an allergic reaction, adverse reaction, drug interaction, or drug toxicity? If yes, that case is an **Adverse reaction.** If no, go to #5.
5. Does the chart indicate that the patient took more than the prescribed/labeled amount of a prescription or over-the-counter drug or dietary supplement? For example, the patient tried to make up for a missed dose, forgot they had taken a dose, or treated symptoms that did not subside with the recommended dose. If yes, the case is an **Overmedication**. If no, go to #6.
6. Does the chart indicate a confirmed or suspected incident in which the patient was deliberately poisoned with drugs by another person? (This includes cases with known assailants as well as product tampering.) If yes, the case is **Malicious poisoning.** Otherwise, go to #7.
7. Does the chart indicate that the patient took the drug(s) accidentally or unknowingly? If yes, the case is **Accidental ingestion.** If no, go to #8.
8. Code as **Other** all cases that do not fit into categories 1-7 above. This final category will include all ED visits related to recreational use, drug abuse, drug dependence, withdrawal, and any misuse that cannot be classified above.

Item 14. Disposition

Select the one item that best represents the patient's disposition from the emergency department, based on documentation in the chart. The response categories are:

Treated and released – if the patient was discharged from this ED and was not admitted to this hospital or transferred elsewhere, indicate whether the patient was discharged home, released to police/jail, or referred to detox/treatment. If the patient was discharged home and referred to detox/treatment, mark only referred to detox/treatment.

Admitted to this hospital – if the patient was admitted to this hospital, choose the location that best represents the unit to which they were admitted: ICU/Critical care, Surgery, Chemical dependency/detox, Psychiatric unit, or Other inpatient unit.

Other disposition – if none of the preceding categories apply, select from among the following:

- **Transferred** – the patient was transferred to another health care facility.
- **Left against medical advice** – the available documentation indicates that the patient left against the advice of ED staff.
- **Died** – the patient died after arriving in the ED but before being discharged, admitted, or transferred.
- **Other** – the discharge status is documented in the chart but does not fit into any of the preceding categories.
- **Not documented** – there is no information in the chart about the patient's disposition.

SMA 100-1 REV. 12/2002

Department of Health and Human Services ▪ Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network (DAWN)
Emergency Department Activity Report Form

FORM APPROVED
OMB. NO. 0930-0078
EXPIRES 12/31/2005

Facility ID | | | | | | | |

Please list only ED visits and charts directly reviewed that were **not** reported on any previous *DAWN Activity Report.*

For the month of…	Total ED visits	Charts directly reviewed	Comments
January 2003			
February 2003			
March 2003			
April 2003			
May 2003			
June 2003			
July 2003			
August 2003			
September 2003			
October 2003			
November 2003			
December 2003			

By signing below I certify that the information presented above is true and accurate to the best of my knowledge. The numbers reported on this form were not included in counts reported on a previous *DAWN Activity Report.* I understand that this information may be audited for accuracy.

Print Name: _____ Signature: _____

Date: _____

DAWN DRUG ABUSE WARNING NETWORK

January 2003

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2003

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2003

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

April 2003

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2003

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2003

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July 2003

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August 2003

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

September 2003

Su	M	Tu	W	Th	F	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2003

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2003

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

December 2003

Su	M	Tu	W	Th	F	Sa
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Data to be **received** at Westat by the **10th** of the month

Payment will be mailed on the **26th** of the month
(or prior business day if the 26th is a weekend or holiday)

(over)

DAWN DRUG ABUSE WARNING NETWORK

January	Wednesday, Jan. 1		New Year's Day
	Friday, Jan 10	Receipt Day	
	Monday, Jan. 20		Martin Luther King, Jr. Day (Observed)
	Friday, Jan . 24	Payment Day	
February	Monday, Feb. 10	Receipt Day	
	Monday, Feb. 17		Washington's Birthday (Observed)
	Wednesday, Feb. 26	Payment Day	
March	Monday, March 10	Receipt Day	
	Wednesday, March 26	Payment Day	
April	Thursday, April 10	Receipt Day	
	Friday, April 25	Payment Day	
May	Monday, May 12	Receipt Day	
	Friday, May 23	Payment Day	
	Monday, May 26		Memorial Day
June	Tuesday, June 10	Receipt Day	
	Thursday June 26	Payment Day	
July	Friday, July 4		Independence Day
	Thursday July 10	Receipt Day	
	Friday, July 25	Payment Day	
August	Monday Aug. 11	Receipt Day	
	Tuesday Aug 26	Payment Day	
September	Monday, Sept. 1		Labor Day
	Wednesday Sept. 10	Receipt Day	
	Friday Sep 26	Payment Day	
October	Friday, Oct. 10	Receipt Day	
	Monday, Oct. 13		Columbus Day (Observed)
	Friday, Oct. 24	Payment Day	
November	Monday, Nov. 10	Receipt Day	
	Tuesday, Nov. 11		Veterans Day (Observed)
	Wednesday, Nov. 26	Payment Day	
	Thursday, Nov. 27		Thanksgiving Day
December	Wednesday, Dec. 10	Receipt Day	
	Wednesday, Dec 24	Payment Day	
	Thursday, Dec. 25		Christmas Day

Non-Pharmaceutical Inhalants

TYPE	BRAND	DRUG
chloro-fluoro-hydrocarbons	Chlorinated Hydrocarbons	chlorinated hydrocarbons
	Dichlorodifluoromethane	dichlorofluromethane
	Freon 11	trichlorofluromethane
	Freon Propellant	freon propellant
	Silicone Spray	trichlorotrifluoroethane
	W-D-40 Lubricant Spray	trichlorotrifluoroethane
nitrites	Black Jack	isobutyl nitrite
	Butyl Nitrite	isobutyl nitrite
	Isobutyl Nitrite	isobutyl nitrite
	Locker Room	isobutyl nitrite
	Poppers	isobutyl nitrite
	Rush	isobutyl nitrite
volatile agent	Acetone	acetone
	Acrylics	paint/unknown composition
	Aerosol Spray	aerosol spray-NOS
	Air Deodorizer	dichlorobenzene
	Airplane Glue	toluene
	Brake Fluid	butyl alcohol
	Bug Off	pesticide/unknown
	Butane	butane
	Car Cleaner	cleaner/unknown
	Carbon tetrachloride	carbon tetrachloride
	Carburetor Cleaning Fuel	petroleum hydrocarbons
	Chlorothene	chlorothene
	Cleaner Solvent	volatile/unknown
	Cleaning Fluid	petroleum hydrocarbons
	Coffee Stain Remover	isopropyl ether
	Cologne Aerosol	ethanol-NP
	Contact Cement	toluene
	Correction Fluid	trichloroethane
	Crazy Glue	cyanoacrylate
	Deodorant Aerosol	cosmetic/unknown
	Embalming Fluid	formaldehyde
	Epoxy Glue	toluene
	Ether	ethyl ether
	Ethylene Glycol	ethylene glycol
	Facial Astringent	cosmetic/unknown
	Fingernail Polish	acetone
	Fluorine	fluorine
	Furniture Polish Aerosol	mineral seal oil
	Gas	petroleum hydrocarbons
	Gasoline	petroleum hydrocarbons
	Glue	toluene
	Gum Out	petroleum hydrocarbons
	Hair Spray Aerosol	cosmetic/unknown
	Helium	helium
	Hydrocarbon	hydrocarbon
	Inhalants	volatile/unknown
	Ink	toluene
	Kerosene Oil	petroleum hydrocarbons
	Krylon	paint/unknown composition

Non-Pharmaceutical Inhalants

TYPE	BRAND	DRUG
	Lacquer	butyl acetate
	Lacquer Thinner	toluene
	Leather Cleaner	cleaner/unknown
	Lighter Fluid	petroleum hydrocarbons
	Liquid Paper	trichloroethane/trichloroeth
	Liquid Wrench	volatile/unknown
	Lysol	phenolic disinfectants
	Lysol Spray	cresol
	Magic Marker	volatile/unknown
	Malathion	malathion
	Methane	methane
	Methanol	methanol
	Methylbenzene	toluene
	Methylchloroform	trichloroethane
	Methylene Chloride	methylene chloride
	Moth Balls	naphthalene
	Motor Oil	petroleum hydrocarbons
	Nail Polish Remover	acetone
	Natural Gas	methane
	Octane Booster	ethanol-NP
	Paint	paint/unknown composition
	Paint Thinner	petroleum
	Petroleum Distillate	petroleum hydrocarbons
	Pine Sol	alpha terpineol
	Polish Remover	volatile/unknown
	Polyurethane	toluene
	Propane Gas	propane
	Raid	petroleum hydrocarbons
	Renuzit	aerosol air freshener
	Roach Poison	propoxur
	Rubber Cement	toluene
	Shoe Polish	dichlorobenzene
	Silicone Shoe Saver	silicon
	Solvents	volatile/unknown
	Spot Remover	trichloroethane/trichloroeth
	Starting Fluid	ethyl ether
	STP Gas	petroleum hydrocarbons
	Super Glue	cyanoacrylate
	Tape Recorder Cleaner	methylcyclopentane
	Tolly	toluene
	Toluene	toluene
	Toluene Glue	toluene
	Toluol	toluene
	Transmission Go	petroleum hydrocarbons
	Trichloroethane	trichloroethane
	Tuilio	toluene
	Tuleeo	toluene
	Turpentine	turpentine
	Vaporizers	volatile/unknown
	Wizard Air Freshener	aerosol air freshener
	Xylene	xylene